V. S. No. 1 N. B.—

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 0016  | 3     |
|--|--|-------|
| 1. PLACE OF DEATH  | 940  |       |
| County Dallillore  | Registration Dist. No. 30  |       |
| Village or City Satousville  |  | ard   |
|  | death occurred in a hospital or institution, give is NAME instead of street and number)  ds. How long in U.S. if of foreign birth? | _ds.  |
| 2. FULL NAME PESCE M. adreon   |  |       |
|  | St. Ward.  |       |
| (Usual place of abade)   | If nonresident give city or town and State   |       |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |       |
| SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH (Month) (Day) (Yaar) (Yaar)  | )     |
| 5a. If married, widowed, or olvorced HUSBAND of (or) WIFE of Serthu N. adreow  | 22. I HEREBY CERTIFY That I attended deceased in   | 1/    |
| 6. DATE OF BIRTH (month, day, and year) June 21. 1877  | I last saw h Lees alive on 1920, to 1920 death is  |       |
| 7. AGE Years Months Days / If LESS than  | to have occurred on the date stated above at 30 /2 m.  |       |
| 5 / /6 / / l day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:   | neat  |
| 8. Teada, profession, or particular kind of work dona, as SPINNER, 304 AM  | Por the first of   | 7-76  |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and | Coronaly Joseph Jan J  | -1.10 |
| work was done, as SILK MILL, SAW MILL, BANK, etc.  |  |       |
| 0 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) to this occupation (month and year)   |  |       |
| 12. BIRTHPLACE (city or town) Baltimore  | Other Contributory Causes of importance:   |       |
| (State or country) Mary layed.   | arterio delevores  |       |
| 13. NAME Def le alleon   | augua Fratoria Die   | 73.   |
| 13. NAME (Def li alleon)  14. BIRTHPLACE (city or fown) Planet laced   | Name of operation Dete of Dete of  |       |
| (State of country)   | What test confirmed diagnosis? Claus Found in Masthera an autopsy?   | 20    |
| 15. MAIDEN NAME MULE Smith   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |       |
| Stata or country)  | Accident, suicide, or homicide?  |       |
| m. Boother W Coderal   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                 |       |
| (Address) Latousulle Mil   |  |       |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |       |
| Prote Manuel Cella Data falls 7, 19 00   | Nature of injury   |       |
| 19. UNDERTAKER & Sastow Solls  | 24. Wes disease or injury in any way related to occupation of deceesed?  | 2.    |
| (Address Olice)  | If so, specify   |       |
| 20. FILED 1/8/36 All Sudace  | (Signed)   | M. D. |

If more blanks we nesded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 00164   |
|--|--|
| 1. PLACE OF DEATH  | (23)   |
| County Ballimore   | Registration Dist. No. 30  |
| Village or City Cathwell   | death occurred in a hospital or institution, give its NAME instead of street and number)                           |
| Length of residence in city or town where death occurredyrs6_mos   |  |
| 2. FULL NAME TIME THE  | HENRY ALLEN  |
| (a) Residence: No. 145 9 5 turner & C  | St. Brodle nice  |
| (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (world the word)  | 21. DATE OF DEATH  (Month)  (Year)   |
| 5a, If married, widowed, or divorced HUSBAND ol  |  |
| (or) WIFE of   | 1 HEREBY CERTIFY. That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year) Dec 3, 1885  | I last saw ham alive on My 14 1936; death is said  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at . 6.1 4 .m.  |
| 5 l l l day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance  |
| Trade profession or particular   | Date of onset  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  | June Pardyin of the durant 1929  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9.Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occuration (month and | 0  |
| SAW MILL, BANK, etc  | -  |
| 10. Date deceased last worked et this occupation (month and 1939 spent in this sexupation.)  |  |
| Battisms my  | Other Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) D (Stete er country)   | Athinder   |
| E 13. NAME Jawh Allen  |  |
| I I  | Name of operation Date of  |
| 14. BIRTHPLACE (city or town) (State or country)   | What test confirmed diagnosis? Westhere an autopsy?  |
| 15. MAIDEN NAME Junty July   | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                     |
| 16. BIRTHPLACE (city or town)  | Accident, sulcide, or homicide? Date of Injury, 19   |
| ∑ (State or country)   | Where did injury occur?  |
| 17. INFORMANT Margant Sullians (Address) 19595 Current   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |
| Place O el Saus Bo Date fam. 19.56   | Nature of injury   |
| 19. UNDERTAKER Thanks. d. Stevens  | 24. Was disease er injury in any way releted to occupation of deceased?  |
| (Address) 1501 Q. Fort que.  | If so, specify   |
| 20, FILED 1/14, 195, Albudreae   | (Signed) MAD.  |
| 1. T 36 Registrar.   | (Addross) All Me January I Trous   |
| If more blanks are needed, attering State Registrar,   | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example   | e I              |               | Example II   |               |
|---|------------------|---------------|--|---------------|
| The principal cause of death and of importance were as follows: | l related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis  |                  | 1915          | Attack of cpilepsy   | 1 week ago    |
| Chronic interstitial nephritis                                  | 15               | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   |                  | July 5, 1927  | Peritonitis  | 3 days ago    |
|   | 53.7             |               | 3  |               |
| Other contributory causes of imp                                | portance:        | MAN           | Other contributory causes of importance:                                       |               |
| Gallstones  |                  | May 1,1923    | Gastroenteritis  | 1 year        |
|   | 4                | 1             |  |               |
|   |                  |               |  |               |

V. S. No. 1

| STATE OF N  | IARYLAND-  | CERTIFICATE OF DEATH   | 00165                 |
|---|--|--|-----------------------|
| County Baltimore  |  | Registration Dist. No.   | 38/                   |
| Village or City Towson  | ud   | NoS  | t.,Ward               |
| Length of residence in city or town where death occu  |  | f death occurred in a hospital or institution, give its NAME instead of stree  |                       |
| 2. FULL NAME Mara ART   | ta y al  | lian   |                       |
| (a) Residence: No. 7 Island   | La Road  | St., Ward no Was Vettasi   | on and State          |
| PERSONAL AND STATISTICAL I  | PARTICULARS  | MEDICAL CERTIFICATE OF DEAT  | ГН                    |
| female White of   | LE, MARRIED, WIDOWED,<br>DIVORCED (write the word) | 21. DATE OF DEATH January 29 (Month) (Day)   | 4 ,193 6 (Year)       |
| 43. If married, widowed, or divorced  HUSBAND of (or) WIFE of James S. a  | llison   | 22. JAN 19 THEREBY CERTIFY, Thet I att   | ended deceased Yron   |
| 6. DATE OF BIRTH (month, day, and year) LORG!   | 1857   | last saw h alive on 19   | : death is sale       |
|   | Days  If LESS than  1 day,hrs.  ormin,             | to have occurred on the date stated above, at 10,50 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | and the               |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Hore SAWYER, BOOKKEEPER, etc.  | 01'1   |  | Date of onset         |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at | real   | Cerebral Hemorks   | ze, /19/2             |
| SAW MILL, BANK, etc   | 1. Total time (years)<br>spant in this             |  |                       |
| 12. BIRTHPLACE (city or town) Pennsy (State or country)   | vania  | Other Contributory Canses of importance:   |                       |
|   | 2 2  | When a clerono   | 1041                  |
| I GOOD I  | ano,   | Cana 1   |                       |
| 14. BIRTHPLACE (city or town) (State or country)  | govarna  | Name of operation Date   |                       |
| 15. MAJOEN NAME Mary GAN  | V & menter   | What test confirmed diagnosis? Was ther  |                       |
| 15. MAIOEN NAME Mary and 16. BIRTHPLACE (city or town)  (State or country)  | ylvania  | 23. If death was due to external causes (VIOL ENCE) fill in elso the foll  Accident, suicide, or homicide? Date of injury              |                       |
| 17. INFORMANT JAMES, CISTO (Address) (8428418th   | llison   | Where did injury occur? (Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI             | d State)<br>IC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Lorane lans. Date   | Jan31 36   | Manner of injury   |                       |
| 19. UNDERFAKER John Bury Address Tourson Ma   | us Sons  | 24. Was disease or injury in any way related to occupation of deceased If so, specify  (Signed) Saccel of Rf. The Second               | no no                 |
| 20. FILED   | Registrar.   | (Address) Jackson. The   | M. D.                 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged in years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

|                     | Example II   |  |
|---------------------|--|--|
| Date of onset       | The principal cause of death and related causes of importance were as follows: |  |
| 1921<br>July 5,1927 | Run over by street car  Peritonitis  | 1 week ago 1 week ago 3 days ago   |
| May 1,1923          | Other contributory causes of importance:  Gastroenteritis                      | 1 year   |
|                     | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance: |

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 00166  |
|--|---|
| County Baltimore   | Registration Dist. No.  |
| Village or City Oliving Mills Mil  | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)                                       |
|  | ds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME Lily Elijabeth amen   | C Kanesura  |
| (a) Residence: No. 3623 Meenhell like (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH   |
| Female White Tuarried (write the word)   | (Month) (Day) (Yeer)  |
| 5a. If married, widowed, or divorced  HUSBAND of (or) WIFE of  | (Month) (Day) (Yeer)  22. I HEREBY CERTIFY That I attended deceased from  |
| John Umenh   | Jan. 21, 196 to Jan. 24, 1936   |
| 6. DATE OF BIRTH (month, dey, end year) Musich 12, 1890.   | Clest saw h_41_ elive on \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| 7. AGE Years Months Days If LESS then  | to have occurred on the date stated above, et 7140 am.  |
| 45 10 13 1 dey,hrs. ormin.   | The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:  |
| Reserved to the state of the st | acute Bronchitis Valza  |
| 9. Industry or business in which work wes done, es SILK MILL, School, Comings Mulls, had   | Broncho Pneumonia /21/36e   |
| 10. Date deceased lest worked at this occupation (month and 1/20/36 spent in this occupation occupation occupation)  |   |
| 12. BIRTHPLACE (city or town) Baltimare, Sud.  (Stete or country)  | Other Contributory Causes of importance:  |
| 13. NAME Richard W. Thouston   |   |
| 14. BIRTHPLACE (city or town)  | Neme of operation Time Date of  |
| 15. MAIDEN NAME Verlinda S. Wise   | 23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:  |
| 16. BIRTHPLACE (city or town) Mulmonn  (State or country)  | Accident, suicide, or homicide?   |
| 17. INFORMANT Murgaren Craumer, daughter<br>(Address) 1000 Symington ark. But. md.   | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Place Jalines Cen Dete Jan 18, 136   | Menner of injury  |
| 19. UNDERTAKER Williams Cook (Address) (212 St Paul St Balla   | 24. Was diseese or injury in epy way releted to occupation of deceased? 740.  |
| 20. FILED Jan 25, 19.36 Drusley Registrar.   | (Signed) Tarry S. Bulle M. D.  (Address) Dwings Mills, Sud.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset  |
|---------------|--|--|
| 1915          | Attack of epilepsy   | 1 week ago   |
| 1921          | Run over by street car   | 1 week ago   |
| July 5,1927   | Peritonitis  | 3 days ago   |
|               |  |  |
|               | Other contributory causes of importance:                                       |  |
| May 1,1923    | Gastroenteritis  | 1 year   |
|               |  |  |
|               | 1915<br>1921<br>July5,1927   | of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis |

V. S. No. 1

|                               | f infor-  | d state  | CUPA-  |  |
|-------------------------------|---|--|--|--|
| 1                             | N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- |  |
| 13                            | Every   | CIANS  | tement   | /  |
|                               | JRD.  | IXSI   | stal   | /  |
|                               | REC   | . PI   | Exact  |  |
|                               | ENT   | LLY  | ed.  |  |
| 2177                          | MAN   | AC   | lassific   |  |
| 117                           | PER   | EX   | ly cl  | ate.   |
| TOTAL MENTAL MENTAL POR PLANT | IS A  | stated   | proper   | TION is very important. See instructions on back of certificate. |
| 2                             | HIS   | pe   | pe   | of c   |
| ANT                           | LI  | plno   | may  | back   |
| 201                           | INI   | E sh   | at it  | 8 on   |
| 1                             | ING   | AG   | o th   | tions  |
| 1101                          | FAD   | lied.  | ms, s  | struc  |
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|                               | /ITH  | ully   | plain  | t.   |
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| I                             | E   | pe c   | EAT  | impo   |
|                               | PLA   | plno   | F D  | ery  |
|                               | ITE   | n sh   | SEC  | l is   |
|                               | -WR]  | natio  | CAU  | LION   |
|                               | B.  | 1  |  |  |
|                               | ż   |  | 1  | -3   |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 00167   |
|--|--|
| 1. PLACE OF DEATH  | (0)  |
| County (Dallimore  | Registration Dist. No.   |
| Village or City Dundalk  | No. 307 Willow Spring St., Ward  |
| (If  | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos.  | ds. How long in U.S. If of foreign birth?  |
| 2. FULL NAME GOUG WIR  |  |
|  | St., Ward.   |
| (Usual place of about)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  3, SEX / 4, COLOR OF RACE   5, SINGLE MARRIED, WIDOWED.  | MEDICAL CERTIFICATE OF DEATH   |
| Male That OR DIVORCED ("write the word")   | 21. DATE OF DEATH  (Month) (Day) (Yeer)  |
| 5a. If married, widowed, or divorced HUSBAND of  |  |
| (or) WIFE of Leen (him Wik   | 22. THEREBY CERTIFY, That I attended deceased from                                       |
| 6. DATE OF BIRTH (month, day, and year) about - 1883   | , 19, to, 19, 19, death is said  |
| 7. AGE Years Months Days if LESS than  | to have occurred on the date stated above, etm.  |
| about 53 ? 7 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and releted causos of importance                            |
| h 8 Trade profession or particular   | were as Tollows: Data of onset   |
| kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc.  10. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked et this converted to the converted to th |  |
| 9. Industry or business in which work was done as SLI K MILL   |  |
| work was done, es SILK MILL SAW MILL, BANK, etc  |  |
| 10. Date deceased last worked et this occupation (month and year)  |  |
| occuperion   | Other Contributory Causes of Importance:   |
| 12. BIRTHPLACE (city or town) Change (Stete or country)  |  |
|  |  |
| 14. BIRTHPLACE (city or town) Cquilon  |  |
| 4. BIRTHPLACE (city or town) China (State or country)  | Name of operation Date of  |
|  | Whet test confirmed diagnosis? Was there an autopsy?                                     |
| 16. BIRTHPLACE (city or town) Canton   | 23. If death was due to external causes (VIOL ENCE) fill in also the following:          |
| State or gountry)  | Accident, suicide, or homicide?  |
| (Many Carlot (Carlot   | Where did injury occur?(Specify city or town, county and State)                          |
| 17. INFORMANT / MA JULI WIR - (JOH) (Address) J. 307 Willow Skrud  | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.                |
| 18. BURIAL, CREMATION, OR REMOVAL RALL MAY 2/13/32   | Manner of injury   |
| Place & mainy em. Jalls for Fil 3/, 19   | Nature of injury   |
| 19. UNDERTAKER DewarhMowen Company   | 24. Was disease or injury in eny way related to occupation of deceased?                  |
| (Address) 108 W nont Out - f   | If so, specify   |
| 20. FILED / 30/2/, 19 // Mleanume  | (Signed) M. D.   |
| Registrar.   | (Address) Ouroul   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.-The month and year the deceased last worked at the occupation.

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| Example I   | Example II    |  |               |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:  | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis FAR 5 1936   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   | July 5,1927   | Peritonitis  | 3 days ago    |
| age of the plant is a find from the first than the |               |  |               |
| Other contributory causes of importance:  |               | Other contributory causes of importance:                                       |               |
| Gallstones  | May 1,1923    | Gastroenteritis  | 1 year        |
|   |               |  |               |

|   | ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|---|--|
|   |  |
| - |  |
|   |  |

S. No.

|          | NUM              |
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| BINDI    | TO A DEPMANENT   |
| FOR      | TC               |
|          | TILIC            |
| KENERVED | INI              |
|          |                  |
| MAKGIN   | TATA TINE A DING |
| 7        | TILL             |

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH should County Baltimore Registration Dist. No. Village or City Mt. Wilson (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred O yrs. 4 mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds. PHYSICIAN Nehemiah Bailev 2. FULL NAME 607 Bartlett Avenue. Baltimore, Md. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) January Male White Married (Month) classified. 5a. If married, widowed, or divorced HUSBAND of Rosamond Bailev I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 3rd, 1935 to Jan. 6th, 19 36 EX I last saw h\_im\_ alive on January 6th 1936 : death is said 6. DATE OF BIRTH (month, day, and year) April 30th, 1886 certificate. properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at 1.50 A m stated 1 day.\_\_\_\_hrs. 49 8 The PRINCIPAL CAUSE OF DEATH end related causes of importance or .... min. Date of onset 8: Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION Jo Salesman Pulmonary tuberculosis SAWYER, BOOKKEEPER, etc. Jan. may 9. Industry or business in which back should work was done, as SILK MILL, SAW MILL, BANK, etc ... spant in this yrs 10. Date deceased last worked at 11. Total time (years) this occupation (month end 110 Wn that instructions Other Contributory Causes of Importance: Queen Annes Pulmonary hemorrhage 12. BIRTHPLACE (city or town). maryland (State or country) supplied. DEATH in plain terms, FATHER 13. NAME Nenemiah Bailey Unknown Name of operation No operation See 14. BIRTHPLACE (city or town). maryland (State or country) What test confirmed diagnosis? X-ray, and was there an autopsy? NO carefully Anna A. Hopper important. 15. MAIDEN NAME Unknown Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_ 19 16. BIRTHPLACE (city or town). Mary and. (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT. very CAUSE OF (Address) Wilson. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Sereet, Baltimore, Requesting V. S. No. 1.

ddress

Mt. Wilson Md.

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| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Jestroenteritis  | 1 year        |
| -  |               | HAL  |               |

MARGIN RESERVED FOR BINDIN

V. S. No. 1

| 1. PLACE OF DEATH  | 93-6   |
|--|--|
| County Balling   | Registration Dist. No. 30  |
| Village or City Catherry Sh.   | If death occupied in a hospital or institution, give its NAME instead of street and number)                        |
|  | ds. How long in U.S. if of foreign birth?yrsmos  |
| 2. FULL NAME JOHN BALLIS   | If U. S. Veteran, specify WAR  |
| (a) Residence: No. 922 hath hands  | MSt., Ward. BC.  |
| (Usual place of abode)\ PERSONAL AND STATISTICAL PARTICULARS   | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF/DEATH  |
| On DIVORCED (rapite the word)  | (Mooth) (Day) (Yeer)   |
| 5e. If merried, widowed, or divorced HUSBAND of  | 2A I HEREBY CERTIFY. That I ettended deceesed fr   |
| (or) WIFE of   | January / 4 , 1936, 10 muary / 6 1936  |
| 6. DATE OF BIRTH (month, day, and yeer) Was 1 1869   | last saw hand alive on mung 16 1936; death is si   |
| 7. AGE Years Months Days If LESS than  | to heve occurred on the date solted above, e 420 A.m.  |
| 67 89 7 1 1 day,hrs  | The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:                                     |
| 8. Trade, profession, or perticular kind of work done, es SPINNER, Panta Lundu.                          |  |
| SAWYER, BOOKKEEPER, etc.   | Begun Brunne Japping 9   |
| 9- Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. lotal time (years) | www.monay commings   |
| - If A mis occupation (month and 11   Di CC   Shell I II fill?   |  |
| year) occupetion occupetion  | Dther Contributory Causes of Importance:   |
| 12. BIRTHPLACE (city or town) Dardon My (Stete or country)   | Cerebral Anthroperon   |
| E 13. NAME Jam & aun   | Arthurellary Heart Prilay  |
|  |  |
| 14, BIRTHPLACE (city or town) (State or country)   | Neme of operation Date of What test confirmed diagnosis? Physical State of Was there an autopsy?                   |
| 15. MAIDEN NAME GAR MANNE  | 23. If death was due to externel ceuses (VIDL ENCE) fill in also the following:                                    |
| 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Dete of injury19   |
| ≤ (Stete or country)   | Where did injury occur?  |
| 17. INFORMANT My - Salvia Lucy (Address) 912 mm ful  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR, REMOVAL   | Manner of injury   |
| Plece 2000 Date John / 3 . , 1934  | Nature of injury   |
| 19. UNDERTAKER John C. Miller (Address 2425 C. College, M.)  | 24. Was disease or injury in eny way releted to occupation of deceased?  |
| 20. FILED 111 1921 Dellardical   | (Signed) (Signed)  |
| Registrar.   | (Address) Jama Jama Jama   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | il il         | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: FFB 4 PS Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago                |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | JRTHER STATEMENTS BY PHYSICIAN |
|---|--------------------------------|
|---|--------------------------------|

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

| A | 0 | 1 | 200 | () |
|---|---|---|-----|----|
| V | U | 1 | -   | U  |

| 1          | PLACE OF  | DEA                | тн                         |                                      |   | (23)   | 3,                |
|------------|---|--------------------|----------------------------|--------------------------------------|---|--|-------------------|
| 1          | County  |                    | timore                     |                                      |   | Registration Dist. No.   | A L               |
| 1/.        | Village or Ci                                   | tyl                | Mt. Wils                   | on                                   |   | NoTuberculosis Sana toriumst,  | Ward              |
| /          |   |                    |                            |                                      |   | death occurred in a hospital or institution, give its NAME instead of street a   |                   |
| 2          | FILL NA   | ME                 | Eugene                     | W. Rel                               | 1   | If U. S. Veteran, specify WAR  |                   |
| •          |   |                    |                            |                                      |   | St. Ward. Fallston, Md.  |                   |
|            | (a) Resident                                    | e: ND              |                            | (Usual place                         | of abode)   | If nonresident give city or town   | and State         |
|            | PERSON  | AL AN              | ID STATIST                 | CAL PART                             | CULARS  | MEDICAL CERTIFICATE OF DEATH   | 1                 |
|            | Male  |                    | or or race<br>White        | 5. SINGLE, MAR<br>OR DIVORCE<br>Sing | RIED, WIDOWED. D (write the word)                     | 21. DATE OF DEATH  January 4th. 1936.  (Month) (Day)   | , 193<br>(Year)   |
| 5a.        | If merried, widow<br>HUSBAND of<br>(or) WIFE of | ed, or div         |                            | ngle                                 |   | 22. I HEREBY CERTIFY. That lattend<br>November 14th 1933 10 Jan. 4th   | ded deceased from |
|            |   |                    |                            | une 6th                              | . 1907  | I last saw h im alive on Jan. 4th  |                   |
| -          | OATE OF BIRTH (                                 |                    | (Months                    | Days                                 | If LESS than  | to have occurred on the data stated above, at 5 . 25Pm.  | , death is said   |
|            |   | 8                  | 6                          | 29                                   | I day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance  |                   |
|            | Trade, profes                                   |                    | 1                          | 1 20                                 | ormin.  | were as follows:   | Date of onset     |
| NO         | kind of w                                       | ork dona<br>BDDKKE | , as SPINNER,<br>EPER, atc | Farmer                               |   | Pulmonary Tuberculosis   | April             |
| OCCUPATION | 9: industry or                                  | business i         |                            |                                      |   |  | 1932              |
| CO         | SAW MIL   | L, BANK,           | etc                        |                                      |   | -  |                   |
| 0          | 1D. Data decease this occupyear)                | pation (mo         | onth and 7 9 7             | 2 11. Total 1                        | time (years) Un-<br>ent in this nown<br>upation known |  |                   |
|            | year)   |                    | ~ .                        |                                      | upation   | Dthar Contributory Causes of importanca:   |                   |
| 12.        | BIRTHPLACE (cit                                 |                    | North                      | a.<br>Caroli                         | na  | Pulmonary Hemorrhage   | Dec.2             |
| ~          |   | Jame               |                            | 11                                   | 1104  |  | 1935.             |
| HER        | 13. NAME  | valire             | Unkn                       |                                      |   | Renal Tuberculosis   | 19.54.            |
| FATH       | 14. BIRTHPLACE<br>(State or                     |                    | .uwii/                     | h Carol                              | ino   | -  | of                |
|            | -   |                    |                            | y Edwar                              |   | What test confirmed diagnosis? X=RAV AND Wes there 23. If death was due to external causes (VIULENCE) fill in also the follo | n snutur          |
| MOTHER     | 15. MAIDEN NA                                   | WE                 | . Unkn                     | 2                                    | us  | 23. If death was due to external causes (VIULENCE) fill in also the follo and urine a cause of injury                        | wing:             |
| MO         | 16. BIRTHPLACE<br>(State or                     |                    | own)Nort                   |                                      | ina.  |  | , 19              |
| _          | (State of                                       | country)           |                            |                                      |   | Where did injury occur? (Specify city or town, county and  | State)            |
| 17.        | (Address)                                       | uis.               | R. Schu<br>Wilson.         | erholz.                              |   | Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC   | PLACE.            |
| 18.        | BURIAL, CREMAT                                  | IDN DR             | REVISIONE SO               | -VC2-11                              | ~   | Manner of injury   |                   |
|            | Place 11  |                    | noul                       | Date /                               | 1931  | Nature of injury   |                   |
|            | . 6   | 11                 | ule se                     | 1/2/6                                | locass  | 24. Was disease or injury In any way related to occupation of deceases.  | No                |
| 19.        | (Address)                                       | 1030               | unige                      | Tund                                 | , 0-0-0-  | If so, specify   | ,                 |
|            | 1-51  | 1                  | 1/ 5 6                     | 1                                    | cla   | (Signad) John (1. Junth  | M. D.             |
| 20.        | FILED.  | ,                  | 1926                       | o many                               | Registrar.  | (Address) Mt. Wilson, A  | d.                |

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5.1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL. | SPACE FOR | FURTHER        | STATEMENTS   | BY  | PHYSICIAN      |
|-------------|-----------|----------------|--------------|-----|----------------|
| ADDITIONAL  | OLAUE PUR | T UIT III LIKE | DIATEMENT IN | 101 | T THE DECISION |

S. No. 1

M

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No Village or City. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If marriad, widowed, or divorced HUSBAND of Thet I ettended deceased from HEREBY CERLIF (or) WiFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months If LESS than **Oavs** to have occurred on the date stated abov 1 day, .... hrs. The PRINCIPAL CAUSE OF DEATH and raiated causes of importance or \_\_\_\_ min. wara as follows: Oald of onsot 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc..... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... 10. Date deceasad last worked at 11. Total tima (yaars) this occupation (month and spent in this 50 occupation .... Othar Contributory Causes of importanca 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town), Neme of operation\_ (Stata or country) What test confirmed diegnosis?. ----- Was there an autopsy?\_ MOTHER 15. MAIOEN NAME 23. if death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Addrass) 18. BURIAL, CREMAT Menner of injury Natura of injury 24. Was disease or injury in eny way related to occupation of deceasad? 19. UNDERTAKER (Addrass) if so, specify Registrar. (Address) .... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | il i       | Example II   |                           |
|--|------------|--|---------------------------|
| The principal cause of death and related caus of importance were as follows:  Arteriosclerosis |            | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921       | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July5,1927 | Peritonitis  | 3 days ago                |
| Other contributory cause of importance:  | 5.         | Other contributory causes of importance:   |                           |
| Gallstones   | M 1 1000   |  |                           |
| Uniconico  | May 1,1923 | Gastroenteritis  | 1 year                    |
|  |            |  |                           |

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

PHYSICIANS should state

of OCCUPA-

Exact statement

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1            | PLACE OF DEAT                                     | гн                         |                      |                         | 29   |                 |
|--------------|---|----------------------------|----------------------|-------------------------|--|-----------------|
| /            | County Bal  | timore                     |                      |                         | Registration Dist. No. 32  |                 |
|              | Village or City                                   | Mt. Wils                   | on                   |                         | Nt. Wilson Branch, Md.<br>No. Tuberculosis Sanatoriust,  | Ward            |
|              | Length of residence in ci-                        |                            |                      |                         | death occurred in a hospital or institution, give its NAME instead of street and r                             |                 |
|              |   |                            |                      |                         |  | /               |
| 2            | . FULL NAME                                       |                            |                      |                         | /  |                 |
|              | (a) Residence: No                                 | 1133 As                    | (Usual place         |                         | St., Ward. Baltimore, Md. V.  If nonresident give city or town and   | State           |
| All or worth | PERSONAL AN                                       | D STATISTI                 |                      |                         | MEDICAL CERTIFICATE OF DEATH   | State           |
| 3. 3         |   | R OR RACE                  | 5. SINGLE, MARI      | RIED, WIDOWED,          | 21. DATE OF DEATH  |                 |
|              | Male Wh   | ite                        | OR DIVORCED          | (write the word)        | January 15th,  | , 193.6         |
| 5a.          | If merried, widowed, or divo                      | rced                       |                      |                         | (Month) (Day)  | (Year)          |
|              | HUSBAND of<br>(or) WIFE of                        |                            | gie Ber              | ryman                   | 22. I HEREBY CERTIFY, That I attended  | deceased from   |
| -            |   |                            |                      |                         | July 14th, 19 35, to January 15  |                 |
|              | DATE OF BIRTH (month, day                         | 1                          |                      | 17, 1884                |  | ; death is said |
| 7.           | AGE Years   | Months                     | Days                 | If LESS than            | to have occurred on the date stated above, at 7.10 Am.   |                 |
| _            | 51  | 1                          | 29                   | ormin.                  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:                                 | Date of enset   |
| N            | 8. Trade, profession, or pa<br>kind of work done, | articular<br>as SPINNER, { | Clerk                |                         | Pulmonary tuberculosis   | N. O.           |
| OCCUPATION   | SAWYER, BOOKKEE                                   | PER, etc                   | AT 0 T 1/            |                         | ratmonary tabercarosis   | Nov.            |
| UP/          | work was done, es S<br>SAW MILL, BANK, e          | SILK MILL.                 |                      |                         |  | 1904            |
| 200          | 10. Date deceased last wor                        | ked at                     | 11. Total ti         | me (years) 32           |  |                 |
|              | this occupation (more year)                       | ay 2,192                   | 35 octu              | pation YTS .            |  |                 |
| 12           | BIRTHPLACE (city or town)                         | Baltin                     | nore                 |                         | Other Contributory Causes of importance:   |                 |
|              | (State or country)                                | Maryla                     |                      |                         | None   |                 |
| ER           | 13. NAME John                                     | A. Bern                    | ryman                |                         |  |                 |
| FATHER       | 14. BIRTHPLACE (city or to                        | un) Unkr                   | nown                 |                         | Neme of operation No operation Date of   |                 |
| F            | (State or country)                                | Geri                       | nany                 |                         | What test confirmed diagnosis? X-ray, and Was there an a   |                 |
| ER           | 15. MAIDEN NAME                                   | Annie I                    | R. Gabri             | .0                      | tu percle bacilli were found in 23. If death was due to external causes (VIOLENCE) fill in also the following  | sputum          |
| MOTHER       | 16. BIRTHPLACE (city or to                        | Balti                      | imore                |                         | Accident, suicide, or homicide? Date of Injury   | , 19            |
| ×            | (State or country)                                | Mary                       | hand                 |                         | Where did injury occur?  |                 |
| 17           | INFORMANT A Jour                                  | s K. Sc                    | Lucalo               | la-                     | (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL. | e)<br>ACE.      |
| 17.          | (Address) Mt                                      |                            | i, Md.               | 0                       |  |                 |
| 18.          | BURIAL, CREMATION, OR F                           |                            |                      | . 0 51                  | Manner of injury   |                 |
|              | O) Place Later Later                              | Coulle                     | Spate au             | 11,196                  | Nature of injury   |                 |
| 19           | UNDERTAKER SUOT                                   | 40 %                       | Sche                 | vat.                    | 24. Was disease or injury in any way related to occupation of deceased?  | No              |
|              | (Address) 210                                     | Tred                       | erich.               | art.                    | If so, specify   | /               |
| 20.          | FILED Jan 15.                                     | 19.36 6                    | Dr. E. E.            | Nichols                 | (Signed) John (1 Struct)   | M. D.           |
|              |   |                            | ,,                   | Registrar.              | Andreys) Wita Wilson, Md.  |                 |
|              | 10.00 11.11-15                                    | If more l                  | blanks are needed, a | ddress State Registrar, | 2411 N. Challes Street, Baltimore, Requesting U. S. No. 1.   |                 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| 3  |               |  |               |
| Other contributory causes of importance  |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 00172   |
|---|--|
| 1. PLACE OF DEATH   | 00110  |
| County Nallo -  | Registration Dist. No. 37  |
| Village or City No Cockeysorle Mg   | No. adonea Rd St. Ward   |
| (i)   | death occurred in a hospital or institution, give its NAME instead of street and number)                           |
| Length of residence in city or town where death occurred Pyrs   | ds How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME JOHN C. JOUCE  | 4  |
| (a) Residence: No. / Tadoma Rd  | St., Ward.   |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS   | If nonresident give city or town and State   |
| 3. SEX / 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,  | 21. DATE OF DEATH  |
| Wale Write OR DIVORED (write the word)  | Jan. 25 1036   |
| 5a. If married, willowed, or diverced   | (Month) (Day) (Year)   |
| HUSBAND (OF) WIFE OF A CONTROL | 22. I HEREBY CERTIFY, That I attanded deceased from  |
| Merchae Authorities 100 the   | January 21, 19 3 6, 10 January 25, 19 3 6  |
| 6. DATE OF BIRTH (month, day, and year) May 17, 18 5 4/   | Walt saw han alive on 26 , 193 L; death is said  |
| 7. AGE Yaars Months Days If LESS than   | to have occurred on the date stated above, at 0-30 a.  |
| 8 ·   1 day,mis.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                     |
| 8. Trade, profession, or particular kind of work done, as SPINNER,  | Date of onset  |
| SAWYER, BOOKKEEPER, etc. 9. Industry or business in which   | Dronely Newmone 4 day  |
| work was done, as SILK MILL, SAW MILL, BANK, etc.   |  |
| 10. Date deceased last worked at  |  |
| this occupation (month and spent in this occupation occupation  |  |
| 12. BIRTHPLACE (city or town) or Ceurville  | Other Contributory Causes of importance:   |
| (State or county)   |  |
| 13. NAME OKU DOVLEY   |  |
| 13. NAME ALL DAVEY  14. BIRTHPLACE (city of town)   | Name of operation Date of  |
| (State of Country)  | What test confirmed diagnosis?   |
| 15. MAIDEN NAME Cackael Darryman  16. BIRTHPLACE (city or town)   | 23. If death was due to external causes (VIOL ENCE) fill in also the following:                                    |
| 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide?  |
| State or country)   | Whera did injury occur?  |
| 17. INFORMANT / W.D. E. Dlawley Hary for  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 4403 Reswick Ra   | •••••  |
| 18. BURIAL CREMATION OR BEMOVAL MAINT TOUR . 77 3/  | Manner of injury   |
| Place Data Data Data A 1, 1936  | Natura of injury.  |
| 19. UNDERTAKER WILLIAM TOURS  | 24. Was disease or injury in any way related to occupation of deceased?  |
| (Address) houch the aves.   | If so, specify   |
| 20. FILED fon 2 6 Those William & Chilcoat  | (Signed) OS 3 2 0 3 2 1 M. D.  |
| A DE St - Registrar.  | (Address) wereyalle Wel  |
| 15 more blanks are needed, address State Registrar,   | 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example 1  |               | 12Xample 11  |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and rotated causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of spilepsy A NY 3 H 13   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis 9861 9833  | 3 days ago    |
|  |               | 1030139333   |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |





MARGIN RESERVED FOR BINDIN

V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 00174   |
|---|--|
| 1. PLACE OF DEATH   | not .  |
| County Baltimore  | Registration Dist. No.   |
| Village or City Pinehurst   | No. 217 Midhurst Kood War  |
| Length of residence in city or town where death occurred 1.0 yrs. t mos   | death occurred in hospital or institution, give its NAME instead of street and number)   |
|   |  |
| 2. FULL NAME VILLIAM (MUSERT JOY  | versox may a war weekers   |
| (a) Residence: No. 2.17 Museum Ko   | Ward.  |
| (Usual place of abode)  | Murch, Dacks & If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S. SINCIF MARBIED WIDOWED   | MEDICAL CERTIFICATE OF DEATH   |
| 1. COLOR OR RACE OR DIVORCED (write the word)   | 21. DATE OF DEATH  (Month (Day) (Year)   |
| 5a. If married, widowed or divorced   | Con (con)  |
| (or) WIFE of Josephine arnes Vowerse  | 22. I HEREBY CERTIFY, Thet I attended deceased from  |
| 0 4 .0 .0   | , 19, to, 19, 19   |
| 6. DATE OF BIRTH (month, day, and year)   | I lest sew h; death is sal   |
| 7. AGE Years Months Days If LESS than 1 day, hrs.   | to have occurred on the date stated above, at  |
| ormin.  | The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:   |
| 8 Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.   | found alad in  |
| kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at | blacment of flome  |
| work was done, as SILK MILL, SAW MILL, BANK, etc  | - had gone to allend   |
| 10. Oate deceased last worked at 11, Total time (years)   | furnace.   |
| 10. Oate deceased last worked at this occupation (month and year) spent in this occupation.   | Silver goath 40  |
| Ha lasted   | Other Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town)   |  |
|   | (mo assessed secured   |
| E   |  |
| 14. BIRTHPLACE (city or town) (State or country)  | Neme of operation Date of  |
|   | What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIOEN NAME Tarmie Typely 16. BIRTHPLACE (city or town)   | 23. If deeth was due to external causes (VIOLENCE) fill in also the following:   |
| O 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Date of injury, 19   |
| (State or country)  | Where did injury occur?(Specify city or town, county and State)  |
| 17. INFORMANT (Address)   | secify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL CREMATION, OR REMOVAL  | Manner of injury   |
| Place Date 19   | Nature of Injury   |
| 19. UNOERTAKER Martin Takore Juna (Address)   | 24. Was disease or injury In eny way related to occupation of deceased?  |
| 20. FILED / SH 3/ 136 M Whish Jan Hory  | (Signal orman H. angel Corone)   |
| Registrar.  | (Address) - Address Property P |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: I s has been been Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL CRACE FOR DI | URTHER STATEMENTS BY I | DUVOTATA N         |
|-------------------------|------------------------|--------------------|
| ADDITIONAL SPACE FOR FO | ORTHER STATEMENTS BY   | 1. schnitz family  |
| Plupitian who was       | Called                 | I deceded deceased |
| deat of natural         | James Than             | nely acute keart   |
| The sellering to me     | - Rough                | all for property   |
| 700                     | Marman H               | . angold Carones   |

| STATE OF WARTEAND   | CLITITICATE OF DEATH   |
|---|--|
| 1. PLACE OF DEATH   | (8)  |
| County Sacrum 4   | Registration Dist. No. 30  |
| Village or City Calons belle  | No. St Ward  |
|   | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos              | ds. How long In U.S. if of foreign birth?yrsmosds.                                       |
| 2. FULL NAME Boly Gracion   | If U.S. Veteran specify WAR  |
| (a) Residence: No. ## # Robert ave  | St. Ward.  |
| (Usual place of abode)  | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,                        | 21. DATE OF DEATH  |
| Mule estored OR DIVORCED (write the word)                                   | Jan 21 193 6   |
| 5a. If married, widowed, or divorced  | (Month) (Day) (Year)   |
| HUSBAND of<br>(or) WIFE of  | 22. I HEREBY CERTIFY, That I attended deceased from                                      |
|   |  |
| 6. DATE OF BIRTH (month, day, and year) Jan 2 / 1936                        | I last saw h alive on, 19; death is said   |
| 7. AGE Years Months Days If LESS than                                       | to have occurred on the date stated above, at  |
| ormin.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:           |
| 1 8 Trade profession or particular  | Date of ornect   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.                     | that tom   |
| 9. Industry or business in which  |  |
| work was done, as SILK MILL, SAW MILL, BANK, etc                            |  |
| O 10. Date deceased last worked at this occupation (month and spent in this |  |
| year) occupation  |  |
| 12. BIRTHPLACE (city or town) Catons welle, and                             | Other Contributory Causes of importance  |
| (State or country)  |  |
| 13. NAME GEORGE . Pression  |  |
| 14. BIRTHPLACE (city or thun) St many boundy                                | No. of a self-   |
| [ 14. BIRTHPLACE (city or thum) (State or country)                          | Name of operation Date of  |
| 15. MAIDEN NAME Berthy workon   | What test confirmed diagnosis? Was there an autopsy?                                     |
| E   | 23. If death was due to external causes (VIOL ENCE) fill in also the following:          |
| O 16. BIRTHPLACE (city or town) (State or country)                          | Accident, suicide, or homicide? Date of Injury, 19                                       |
| Colate of County)   | Where did injury occur? (Specify city or town, county and State)                         |
| 17. INFORMANT   | Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.                |
| (Address) 1 # 4 Petura,   |  |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of Injury   |
| Place mt Z: on and Date 23, 1936  | Nature of injury   |
| 19. UNDERTAKER Rayne & waters.  | 24. Was disease or injury in any way related to occupation of deceased?                  |
| (Address) 213 hour pine st.   | If so, specify   |
| 20. FILED Jan 21 1936 marshall B Wash                                       | (Signed) L. What Huslen M. D.  |
| Registrar.  | (Address) 102 writers, Rations will med  |

STATE OF MADVI AND CEDTIFICATE OF DEATH

0014

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage FB 4 193   | July 5,1927   | Perilonitis  | 3 days ago    |
| BUREAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

V. S. No. 1

| N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. |  |
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| STATE OF MARYLAND   | CERTIFICATE OF DEATH 00176   |
|---|--|
| 1. PLACE OF DEATH   | 23   |
| County Ballemore  | Registration Dist. No. 33  |
| Village or City Reisters Town Md  | No. Monus Villarius St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where deeth occurredyrsyrs  | s. 23 ds. How long in U.S. If of foreign birth?yrsmosds.   |
| 2. FULL NAME Hannah Burton  |  |
|   | Md Ward.   |
| // (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH  January  (Month)  (Day)  (Year)   |
| a. If married, widowed, or diversed HUSBAND of  | 22. I HEREBY CERTIFY That I attanded decreased from  |
| (or) WIFE of William 1 strategy   | October 30 ,1935, to January 22, 1936  |
| DATE OF BIRTH (month, day, and year) Systember 13, 1889   | I last saw her alive on January 22, 1936; death is sale  |
| AGE Years Months Days If LESS than  | to have occurred on the date stated above, at & : 15 A.m.  |
| 46 4 9 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH end ralatad causes of importance wera as follows:   |
| 8. Trede, profession, or particular   | Chronic Pulmonary Tukes acloses Prycass  |
| kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.  9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et |  |
| SAW MILL, BANK, etc.  |  |
| 10. Date decesed last worked et this occupation (month and year)  |  |
| 2. BIRTHPLACE (city or town) Maryland   | Other Coatributory Causes of importance: Tuberculosis of Laryux 2 mos  |
| (State or country)  | J. Waryer  |
| 13. NAME Pu ben Raufholy  14. BIRTHPLACE (city or town) Hermany   |  |
| 14. BIRTHPLACE (city or town) Hermany   | Name of oparation Date of  |
| (State or country)  | What tast confirmed diagnosis? Was there an autopsy? \\ \tag{W}  |
| 15. MAIDEN NAME Sda Dornberg  16. BIRTHPLACE (city or town) Lemany  | 23. If daath was due to axternal causes (VIOLENCE) fill In also the following:   |
| 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Date of Injury, 19   |
| (State or country)  | Where did injury occur? (Specify city or town, county and State)   |
| 7. INFORMANT Ma Bruton. (Address)   | Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| 8. BURIAL, CREMATION, OR JENOVAL Cem Determ 24, 1936  | Manner of injury   |
| 9. UNDERTAKER Jos. Ahrens + Co<br>(Addiass) 2342 Reistonton Rel   | 24. Was diseasa or injury in any way related to occupation of deceasad?  |
| 20. FILED Jame 22, 1934 H. M. Slade Registrar.  | (Signed) Meadow Cooper M.D. M.D. (Addrass) Mount Pleasant, Reis tentown M.D.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
| A description of the second of |               |  |               |
|  |               |  |               |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

(Approved by U. S. Ceusus and American Public Health Association.)

tion, applies to each and every person, irrespective of fulness of various parguits can be known. The quescupation is very important, so that the relative health worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neecs-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Planter, definite salary), may be entered a. Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc.. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) whatever, write None. tired 6 (118.). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at leginning of illness. If retired from or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons euployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully cm-(a) Foreman, (b) Automobile factory. The material Statement of Occupation Precise statement of oc For many occupations a single word or term on without more precise specification as Day

Ease Lates to f (house of Death—Name, first, the disease Lates to time and council on), using always the same accepted term for the come disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; stated unless important. use of "Tumor" for malignant neoplasms); Measles; myes, peritohaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee ou head of "contributory." as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under "Puerperal septicaemia," Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia." "Weekness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticu." "Heart vulsious," (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and eonsetrain-accident; Revolver wound of head-homicide; Examples: Poisoned by carbodic acid-probably suicide. The na-..... (name origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the "Debility" Accidental drowning; Struck by railway ("Congenital," "Senile," etc.), (Recommendations on state-Bronchopneumonia Example: Measles (disease "Anaemia" failure," "Haemor-The contributory "Coma," (secondnot be (merely

If this certificate is local were thoroughly and all questions answered in deal it is prevent further correspondence. All the data is essential and much be obtained before the certificate is simplefully filed.

- Thoma call to Dr. Gundey - 4/22/36

Futhorization to change address - Ti

NOIL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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| Chronic interstitial nephritis R 2 1436 114                                    | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BUSPAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

V. S. No. 1

| STATE OF MARYLAND—   | -CERTIFICATE OF DEATH 00179   |
|--|---|
| 1. PLACE OF DEATH  | Registration Dist. No. 42   |
| County Baltimore   |   |
| Village or City Overlea (I   | No. 6719 Linden Ave. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)  |
|  | ds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME Thomas Lindsay Cardwell   | Sr If U.S. Veteran specify WAR.   |
| (a) Residence: No. 6719 Linden Ave. (Usualplace of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE Nale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married   | 21. DATE OF DEATH  January 5th  (Month)  (Day)  (Year)  |
| 58. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna D. Cardwell   | 22. I HEREBY CERTIFY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) Oct. 10. 1860  | I last saw h aliva on, 19_34; death is said   |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at 9:45 mP . M .   |
| 75 2 25 1 day,hrs  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data decaased last worked at this occupation (month and some spent in this 62) | arteus ocleració ?  |
| work was dona, as SILK MILL, SAW MILL, BANK, etc.  | Myridians (MN.)   |
| 10. Data decaased last worked at this occupation (month and 1930   11. Total time (years) spant in this occupation   62  |   |
| 12. BIRTHPLACE (city or town) Unknown (State or country) Maine   | Other Contributory Causes of importance:  |
|  | <u> </u>  |
| 13. NAME Unknown  14. BIRTHPLACE (city or town) Unknown  (State or country) Unknown  | Name of operation Date of Name of operation Date of Name of operation Date of Name of operation Name of operation Date of Name of operation |
|  | 23. If death was dua to external causes (VIOLENCE) fill in also tha following:  |
| 15. MAIOEN NAME Unknown  16. BIRTHPLACE (city or town) Unknown  (State or country) Unknown   | Accident, suicide, or homicide?   |
| 17. INFORMANT Mrs. Johanna D. Cardwell (Address) 6719 Linden Avenue  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL Place Care Laure Date Jan. 8 ,19. 3  | Manner of injury  |
| 19. UNDERTAKER Frederick Lausch volw (Address) 7401 Belair Road  | 24. Was disease or injury in any way related to occupation of deceased?   |
| 20. FILED 1/6, 1936 D. a. Fint Mx  | (Signed) Whee Triller M. D.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| The state of the s | *             |  |               |
| Other contributory causes of important   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  | 100           |
|  |               |  |               |

16. BIRTHPLACE (city or town)\_\_\_\_\_ (State or country)

BURIAL, CREMATION, OR REMOVAL

Woodlawn

Road.

17 INFORMANT

19. UNDERTAKER (Address)

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Baltimore Registration Dist. No. Woodlawn Village or City Rolling Road (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidenca in city or town where death occurred mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. Mary Frances Chenowith 2. FULL NAME Rolling Road. Woodlawn (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED. 21. DATE OF DEATH OR DIVORCED (write tha word) January Female. White (Month) (Day) (Year) 5a. If marriad, widowed, or divorced HUSBAND of 22. CERTIEY, That I attanded daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) December 29, 1900 7. AGE Months Days If LESS than to have occurred on the date stated above, at 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. ware as follows Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc..... 10. Date decaasad last worked at 11. Total time (yaars) spent in this this occupation (month and year) \_\_\_\_ occupation ... Baltimore County 12. BIRTHPLACE (city or town) \_\_\_\_ (State ar country) Maryland FATHER 13. NAME George W. Chenowith 14. BIRTHPLACE (city or town) Baltimore County (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME Alice Posey

23. If death was due to external causes (VIGLENCE) fill in also the following: Charles County Accidant, suicide, or homicida?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_ Maryland Where did injury occur? (Specify city or town, county and State) Mrs. Alice Chenowith Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

(Addrass) 2220 Garrison

| Natura of Injury   |    |
|--|----|
| 4. Was disease or injury in any way related to occupation of deceasad? | co |
| If so, specify Walter Stubbly  |    |

Registrar.

Mannar of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis 9861 EL 944  | 3 days ago    |
|  |               | HO3AISO32  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  | 1             |

FOR BINDIN

MARGIN RESERVED

# STATE OF MARYLAND—CERTIFICATE OF DEATH

00181

| 1. PLACE OF DEATH   |   |                                     | 82-0)   |                              | 313   |
|---|---|-------------------------------------|---|------------------------------|---|
| County Gallo Village or City My   | indas mid   | (If                                 | No  | Registration Dist.           | St., War  |
| Length of residence In city of  | r town whera death occurrad.                      | 11-                                 | ds. How long In U.S. i  |                              |   |
| (a) Residence: No. 5  | Central av  | of abode)                           | St., Ward.  | If nonresident give c        | ity or town and State                                 |
| PERSONAL AND  | STATISTICAL PART                                  |                                     | MEDICAL   | CERTIFICATE OF               | DEATH   |
| Male He   | or Divorce  | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH   | Jan 1                        | (Day) , 193 (Year)                                    |
| ia. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of  | Selt B. Chi                                       | levat                               | 22 I HERE   | Y CERTIFY, T                 | hat I attended decaased from                          |
| 5. DATE OF BIRTH (month, day, and Years   | d year)   Fub 28                                  | If LESS than I day,hrs. ormin.      | I last saw h aliva on<br>to have occurred on the date of<br>The PRINCIPAL CAUSE OF DI<br>were as follows:               |                              |   |
| 8 Trade, profession, or partic kind of work done, as S SAWYER, BDOKKEEPER 9. Industry or business in wh work was dona, as SILK SAW MILL, BANK, etc 10. Date deceased last workad this occupation (month). | SPINNER, Africa<br>, etc.<br>ich<br>MILL, Painter | tima (years)<br>ent in this         | Cerebral  | henorha                      | I Lday  |
| year)  12. BIRTHPLACE (city or town)  (State or country)  | Butto Co  | ent in this                         | Other Contributory Causes of it   | nportence:                   | 1934<br>4193  |
| 13. NAME GLORGE  14. BIRTHPLACE (city of town) (State or country)   | Balto to  |                                     | Name of operation What test confirmed diagnosis?  |                              |   |
| 15. MAIDEN NAME ( or town)  16. BIRTHPLACE (chy or town)  (Stata or country)  17. INFORMANT Calls   | n Chilosa   | fith<br>t                           | 23. If death was dua to extarnal Accident, suicide, or homicida? Where did Injury occur? Specify whether injury occurre | causes (VIOLENCE) fill in el | Iso tha following:  of injury, 19,  county and State) |
| (Address) Akyn<br>18. BURIAL, CREMATION, OR REM<br>Place Old Quolin   | OVAL - Hour                                       | 14,1936                             | Manner of injury  |                              |   |
| 19. UNDERTAKER J For  | lines sons tustown mo                             | 1.                                  | 24. Was diseasa or injury in en   |                              | of deceased?  |
| 20. FILED 23 , 19   | 36 / Tush   | Registrar.                          | (Signed) (Address)  | woluptour                    | mo  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| BURFAUT  |               |  |               |
| Service de la company de la co | 1 0           |  |               |
| Other contributory causes of importance:   | luca)         | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

V. S. No. 1

| STATE C   | OF MARYLAND—                                | CERTIFICATE OF DEATH   | 182           |
|---|---|--|---------------|
| 1. PLACE OF DEATH   |   | 50   | 1 00          |
| County Balta  |   | Registration Dist. No.   | /             |
| / Village or City Randalas  | vien  | No. Campfield Road. St.  | Ward          |
| Length of residence in city or town where   |   | death occurred in a hoppital or institution, give its NAME instead of street and number of the death occurred in a hoppital or institution, give its NAME instead of street and number of the death occurred in a hoppital or institution, give its NAME instead of street and number of the death occurred in a hoppital or institution, give its NAME instead of street and number of the death occurred in a hoppital or institution, give its NAME instead of street and number of the death occurred in a hoppital or institution, give its NAME instead of street and number of the death occurred in a hoppital or institution, give its NAME instead of street and number of the death occurred in the death |               |
| 2. FULL NAME MONY.  | E. Glay.                                    | ,  |               |
|   | as House                                    | OL Ward  |               |
| (a) Residence: No. Lengs En   | (Usual place of abode)                      | St., Ward.  If nonresident give city or town and St  | ale           |
| PERSONAL AND STATIST  | ICAL PARTICULARS                            | MEDICAL CERTIFICATE OF DEATH   |               |
| 3. SEX 4. COLOR OR RACE   | 5. SINGLE, MARRIED, WIDOWED,                | 21. DATE OF DEATH OF THE   | 6             |
| Harnal ? Muits  | DIVORCED (write the word)                   | (Month) (Oay)  | (Year)        |
| Sa. If married, widowed, or divorced HUSBANO of (or) WIFE of  | P P P                                       | 22. I HEREBY CERTIFY, That I attended de   | ceased from   |
| (or) WIFE of Welliam -  | S. 6(24.                                    |  | ., 19 36      |
| 6. DATE OF BIRTH (month, day, and year  | Ab. 8 1856                                  | I last saw h. & T alive on for 3 64. 1936;   | death is said |
| 7. AGE Years Months   | Oays If LESS than                           | to have occurred on the date stated above, at 7 32 m.  |               |
| 79 10   | 27   1 day,hrs.                             | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   | Date of onset |
| 8. Yrade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.   | mous  | 1) - Carcinoma Breast.   | 1/2           |
| SAWYER, BOOKKEEPER, atc   |   | 2) - arterio - Schaotie Heart  | 4             |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oata deceased last worked at this occupation (month and |   | annu -   | short         |
| 10. Oata deceased last worked at this occupation (month and   | 11. Total time (years) spent in this        |  |               |
| year)   | occupation                                  | Othar Contributory Causes of Importance:   |               |
| 12. BIRTHPLACE (city or town)   | TANG.                                       |  |               |
| (State or country)  | e ). I.                                     |  |               |
| 13. NAME CMONUS   | , Jamanades                                 |  |               |
| 13. NAME Emanua Q  14. BIRTHPLACE (city or town) (State or country)   | Terware.                                    | Name of operation Oate of  | N.            |
| (State of country)  | mades                                       | What test confirmed diagnosis? None Was there an aut   | opsy?/_0      |
|   | J Made.                                     | 23. If death was due to external causes (VIOL ENCE) filt in also the following:  |               |
| 16. BIRTHPLACE (city or town)   | of Thrown.                                  | Accident, sulcide, or homicide? Date of injury  Where did injury occur?  | , 19          |
| 17. INFORMANTaugsburg   | Hora. REGORD                                | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC   | F             |
| 17. INFORMANT Lugs Gung . (Address)   |   |  |               |
| 18. BURIAL, CREMATION, OR REMOVAL   |   | Manner of injury   |               |
| Stratanes Violetta  | ill Jun. 6. 1936                            | Nature of injury   |               |
| 19. UNDERTAKEMIS. Chao a  | y. Rohde                                    | 24. Was disease or injury in any way related to occupation of deceased?  | 20.           |
| (Address) 2327 Edm  | masery ley ?                                | If so, specify   |               |
| 20. FILEO JAN - 6 , 19 85 0   | nn. Buffers                                 | (Signed) Earl L. Shampen   | м. D.         |
| 1   | Registrar.                                  | (Address) 4108 - Juberty 1th. am   | /             |
| 1f more   | vianas are needed, address state Kegistrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 4.   |               |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributor, causes of importance, name other important diseases or injuries. Examples:

| ne principal cause of death and related causes importance were as follows: |            |
|--|------------|
| tack of epilepsy   |            |
|  | 1 week ago |
| in over by street car  | 1 week ago |
| ritonitis  | 3 days ago |
| her contributory causes of importance:                                     | 1 year     |
| h  | itonitis   |

| ADDITIONAL SPACE FOR F | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------|---------|------------|----|-----------|
|------------------------|---------|------------|----|-----------|

V. S. No. 1

|  |   | —CERTIFICATE OF DEATH 00183   |
|--|---|---|
| 1. PLACE OF DEA  |   | (10)  |
| County Bul   | amore   | Registration Dist. No.  |
| Village or City  | Sparko  | No. St., Ward   |
| Langth of residance in ci  | ty or town where death occurredyrs                      | (If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long In U.S. If of foraign birth?yrsmosds |
| 2. FULL NAME   | Shirle & Coli   | ell   |
| (a) Residence: No.   |   | St.,Ward.   |
|  | (Usual place of abode)                                  | If nonresident give city or town and State  |
|  | D STATISTICAL PARTICULARS                               | MEDICAL CERTIFICATE OF DEATH  |
| Hemale W   | S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word | 21. DATE OF DEATH (Month) (Day) (Year)  |
| 5a. If marriad, widowad, or divo<br>HUSBAND of<br>(or) WIFE of   | rced /  | 22. I HEREBY CERTIFY. That I attended deceased from 19  |
| 6. DATE OF BIRTH (month, day   | (, and year) Movember 419                               | 3  I last saw h alive on, 19; death is sai  |
| 7. AGE Yaars   | Months Days If LESS tha                                 | to have occurred on the data stated above, at 3   |
|  | 2 8 1 day,min.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8. Trada, piofassion, or pi<br>kind of work dona,<br>SAWYER, BDDKKEE<br>9. Industry or business in<br>work was done, as<br>SAW MILL, BANK, a<br>1D. Data dacassad last wor | articular<br>as SPINNER,<br>PER, etc                    | Sudden Gath   |
| 9. Industry or business in work was done, as S   | SILK MILL,  | 261.44  |
| SAW MILL, BANK, a  | itc   | - Und dead on my annal  |
| O this occupation (mo  | nth and spent in this t                                 | Believe, Erbar Bumanis  |
| 12. BIRTHPLACE (city or town) (Stata or country)   |   | Othar Contributary Causes of importança:  |
| 1 07   | non daliell   |   |
| 13. NAME VELLE 14. BIRTHPLACE (city or to  | (1)   | Name of operation Date of   |
| (State or country)   | Maryland  | What tast confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME  | Tellir Mash   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or to  | (wn) Da   | Accidant, suicida, or homicide? Date of Injury, 19  |
| (Stata or country)   | Mayland   | Where did injury occur?   |
| 17. INFORMANT Very (Addrass)   | you cafiell may land                                    | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                |
| 18. BURIAL, CREMATION, OD  | ENGVAL 2011   | Manner of Injury  |
| Placa / 1/1  | con. 100 Data Jaw 14, 19                                | Nature of injury  |
| 19. UNDERTAKER OF A  | ) elifotom  | 24. Was disaase or injury in any way ralated to occupation of decaased?   |
| 20. FILEDRA 12   | 1934 Francis at Blake                                   | (Signed) 14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
|  |   | rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago                |
| BUREAU V. S.   |               |  |                           |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |
|  |               |  |                           |

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

of OCCUPA-

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 00184  |
|--|---|
| 1. PLACE OF DEATH  | 191)  |
| County Ballo.  | Registration Dist. No. 4  |
| Village or City Duudalk  | No. St., Ward   |
| (It  Length of residence in city or town where death occurredyrsmos.   | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Thering albert  | Collins   |
| (a) Residence: No. 2/8 St. Steleria  | ane Ward.   |
| (Usual place of abode)   | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH Jan 4/36  |
| 52 If married widoward or thousand   | (Month) (Dey) (Year)  |
| 5a. If married, widowed, or divorced  WS-BATTU of  (or) WIFE of  | 22. I HEREBY CERTIFY, Thet I attended deceased from   |
| The market of the second of th | 001 3, 103 5 four 4, 1936   |
| 6. DATE OF BIRTII (month, day, end yeer) 100 28, 1836  | I last sew harmalive on 1956; death is said   |
| 7. AGE Years Months Deys If LESS than I dey,hrs.   | to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH end releted courses of Importance                     |
| 3. Trede, profession, or perticular  | were as follows:  |
| kind of work done, as SPINNER Marme Engy   | Carles Vanente 2:   |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  J. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10 Dete decessed last worked at this occupation (month and of the separation this count in this coun | p of to   |
| SAW MILL, BANK, etc  | Renal allosse   |
| this occupation (month and 920 spent in this occupation  | a hypertensem.  |
| 12, BIRTHPLACE (city or town) tater to veel n. 9.  | Other Contributory Causes of importance:  |
| (Stete or country)   |   |
| 13. NAME Henry alfred lealbers -   |   |
| 13. NAME Henry alfred lealless   | Name of operation   |
| (State of County) And La, White  | Whet test confirmed diegnosis?  |
| 15. MAIDEN NAME Harry Charette.  | 23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:   |
| [Stete or country]   | Accident, suicide, or homicide?   |
| Manual Office Odel   | Where did injury occur? (Specify city or town, county and State)  |
| (Address) 2/8 Stylelene a.e.   | Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of Injury  |
| Place and June Dete fan 1, 1973  | Nature of Injury  |
| 19. UNDERTAKER Lelly & Zeiler-   | 24. Was disease or Injury In any way related to occupation of deceesed?   |
| (Address) 463 Anote  | If so, specify  |
| 20. FILED 1/4/36, 19 9 Mbarene   | (Signed) M. D.  |
| Registrar.   | (Address)   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | 1             | Example II  |               |
|--|---------------|---|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows:  | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy  | 1 week ago    |
| Chronic interstitial nephritis (AD )   | 1921          | Run over by street car  | 1 week ago    |
| Corebral hemorrhage  | July 5,1927   | Peritonitis   | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:  |               |
| Gallstones   | May 1,1923    | Gastroenteritis   | 1 year        |
|  |               | where the little and |               |

|                             | item of infor-   | should state   | of OCCUPA-   |  |
|-----------------------------|--|--|--|--|
|                             | Ed D. Every  | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | /  |
| SINDING                     | ERMANENT R   | EXACTLY.   | classified, E  | · ·  |
| FOR I                       | IS A PI  | stated   | properly   | certificat   |
| MARGIN RESERVED FOR BINDING | G INK-THIS   | GE should be   | that it may be   | ns on back of  |
| MARGIN                      | H UNFADIN  | supplied. A  | ain terms, so  | See instructio   |
| 4                           | Y, WIT   | be carefully   | EATH in pl   | important.   |
| V. S. No. 1                 | N. BWRITE PLAN Y, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor- | mation should  | CAUSE OF D   | TION is very important. See instructions on back of certificate. |

| 4 .              |  | E O        | F MAR             | YLAND—                             | CERTIFICATE OF DEATH 0018  |
|------------------|--|------------|-------------------|------------------------------------|--|
|                  | LACE OF DEATH  | 3          |                   |                                    | Registration Dist. No. 30  |
|                  | County BALTIMORE   |            |                   |                                    |  |
| /                | Village or City CATONS   |            |                   |                                    | No. 306 Hilton Ave. St., We death occurred in a horpital or institution, give its NAME instead of street and number)   |
|                  | Length of residence in city or tow   | n where de | ath occurred      | mos                                | ds How long in U. S. if of foreign birth?yrsmos  |
| 2. F             | ULL NAME Marsh   | all        | V.Couls           | on                                 |  |
|                  | (a) Residence: No. 3Q6   | Hil        | ton Ave           | ). <b>.</b>                        | St., Ward.   |
|                  | PERSONAL AND STA   | ATISTIC    | (Usual place      |                                    | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX           | 4. COLOR OR R  |            |                   | RIED, WIDOWED,                     | 21. DATE OF DEATH  |
|                  | male white   |            |                   | (write the word)                   | Jany 24 1936 , 193 (Year)  |
| sa. If m         | narried, widowed, or divorced<br>USBAND of                                   |            |                   |                                    | 22. I HEREBY CERTIFY. That I attended deceased f   |
| (0               |  | Hobl       | itzell            |                                    | any und 1028 10 January 193  |
| 6. DATI          | E OF BIRTH (month, day, and yes  | ar) .T     | any 14            | 1890                               | I last saw him alive on aurung 6, 19 36; death is  |
| 7. AGE           |  | onths      | Days              | If LESS than                       | to have occurred on the date stated above, at 8 : 45 m.  |
|                  | 46   | 0          | 10                | 1 day,hrs.                         | Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:   |
| = 10             | rade, profession, or particular  | NFR        |                   |                                    |  |
| 2                | kind of work dona, as SPIN<br>SAWYER, BOOKKEEPER, etc.                       |            | Commiss<br>erchan |                                    | Jun Shot   |
| O.P.             | Industry or business in which work was done, as SILK MII SAW MILL, BANK, etc | LL,        | erchan            | •                                  |  |
| OCCUPATION<br>01 | Date daceased last worked at this eccupation (month and year)                |            | spar              | me (years)<br>it in this<br>pation |  |
| 12. BIR          | THPLACE (city or town)B&   | altim      | ore Mo            | 1                                  | Other Contributory Causes of Importance:   |
| ¥ 13.            | NAME Henry B.  | Coul       | son               |                                    | OK Sus W. Lalber Grover  |
| 13.<br>H 14.     | BIRTHPLACE (city or town)  |            | timore            | Md.                                | Name of operation  |
|                  | (State or country)   |            |                   |                                    | What test confirmed diagnosis? Was there an eu'opsy?   |
|                  | MAIDEN NAME Fimma  |            |                   |                                    | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  |
| 2 16.            | BIRTHPLACE (city or town) (State or country)                                 | V          | a.                |                                    | Accident, suicide, or homicide? Suicida Data of injury 124 19 3  |
| 17. JNF          | ORMANT Mrs. Jul  |            |                   |                                    | Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.   |
| 18. BUF          | (Address) 306 Hill<br>RIAL, CREMATION, OR REMOVAL<br>Place Jund Vid          | go         | Date Tun          | 727,1931                           | Manner of injury Shot Remoself Natura of Injury Brushet wound book of Pet  |
| 19. UN           | DERTAKER OWN 141<br>(Address) 1900 Eut                                       | tile!      | lace              | coro.                              | 24. Was disease or injury in any way related to occupation of decased?  If so, specify William On the Company of the Company o |
| 20. FIL          | ED /27 , 1936  | HI         | And               | Registrar.                         | (Signed) (Address) 20 E. Preston St.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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| Example I 👸  |             | Example II   |            |
|--|-------------|--|------------|
| The principal cause of death and related causes of importance were as follows:  Arterioselerosis |             | The principal cause of death and related causes of importance were as follows: |            |
| Arterioselerosis   | 1915        | Attack of epilepsy   | 1 week ago |
| Chronic interstitial nephritis   | 1921        | Run over by street car   | 1 week ago |
| Cerebral hemorrhage  | July 3,1927 | Peritonitis .  | 3 days ago |
| \%   |             |  |            |
| Other contributory causes of importance:   |             | Other contributory causes of importance:                                       |            |
| Gallstones   | May 1,1923  | Gastroenteritis '  | 1 year     |
|  |             |  |            |
|  |             | 9  |            |

(Year)

Date of onset

(Day)

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| Example 1  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | Luly 5, 1927  | Peritonitis  | 3 days ago    |
| Other contributory causes of impertance:                                       | 1             | Other contributory causes of importance:                                       |               |
| Gallstones   | M& 1,1923     |  | 1 year        |
|  |               |  |               |

item of infor-

MARGIN RESERVED FOR BINDING

# STATE OF MARYLAND-CERTIFICATE OF DEATH

00187

| 1. PLACE OF DEATH   |   |   | 46.B)  |
|---|---|---|--|
| Village or CityN  | ilford  | (If   | Registration Dist. No. 2 (  No. Croydon Road St., War  death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)  |
| 2. FULL NAME Samuel   |   |   | If U. S. Veteran, specify WAR  |
| (a) Residence: No. Croyd  |   |   | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATIST  | TICAL PARTI   | CULARS                                      | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE White   |   | RIED, WIDOWED, D (write the word) ied       | 21. DATE OF DEATH  January  (Month)  (Day)  (Yeer)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addye I  | Coxeter   |   | 22. I HEREBY CERTIFY, Thet I attended deceased Iro   |
| 6. DATE OF BIRTH (month, day, and year)   | Feb 22 1  | 867   | Mast saw h. 127 alive on - 12 12 12 1936 death is sai  |
| 7. AGE Yeers Months   | Days  | If LESS than 1 day,hrs.                     | to have occurred on the date stated above, at  |
| (State or country)    13. NAME George C   | ennegan F  11. Total to specific control  e of Wig Engls Coxeter  England | Bates Co ime (years) nt In this upation and | Other Cantributory Causes of importance:  The Stories of i |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Addye L. Cox  (Address) Croydon Ros  18. BURIAL, CREMATION, OR REMOVAL  PlaceDruid Ridge Co | England<br>eter<br>d Milfo  | ord   | 23. If death wes due to externel causes (VIOLENCE) fill in elso the Iollowing:  Accident, suicide, or homicide?  |
| 19. UNDERTAKER  | nnesas  | feet Registrar.                             | 24. Was disease or injury In any way related to occupation of deceased? No.  1f so, specify  (Signed) £ L. bhambers  (Address) £105 - fiberth Ht. Const.   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I  |                             | Example II   |                           |
|--|-----------------------------|--|---------------------------|
| The principal cause of death and re of importance were as follows:  Arteriosclerosis   | plated causes Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 19 1921                     | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5, 1927                | Peritonitis - 2 / E  | 3 days ago                |
|  | ALL S                       | FEB 1.3 1936   |                           |
| Other contributory causes of impor   | May 1,1923                  | Other contributory causes of importance:  Gastroenteritis  | 1 year                    |
| The state of the s |                             |  |                           |

N. B.—WRITE PLAI

| -WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXAGGLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | /           |
|--|-------------|
| CD. Every ite  | /           |
| CD. Every  | 1           |
| RECON<br>Y. PHY<br>Exact   | ,           |
| ERMANEN'<br>EXACTL<br>classified.  |             |
| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PEI mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly  | cel tillean |
| HIS<br>be<br>be  | 5           |
| Should it may  | II Dack     |
| AGE of that  | Constant    |
| UNFAD upplied. terms, s  |             |
| WITH efully s in plain   | IIII. DE    |
| INLY,<br>be car<br>EATH  |             |
| S PLA<br>should<br>OF D  | Verv        |
| -WRITI<br>mation<br>CAUSE  | j           |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH   |   | 107.  |                  |
|---|---|---|------------------|
| County Balting  | are   | Registration Dist. No. 30   |                  |
| Village or City Catausu   | ille md. Spring   |   | Ward             |
|   |   | If death occurred in a hospital or institution, give its NAME instead of street and   | number)          |
| Length of residence in city or town who                                     | ere death occurredyrsmo                                   | s3ds. How long in U.S. if of foreign birth?yrsn                                       | nosds.           |
| 2. FULL NAME Shones   | Suwood Cross  | If U. S. Veteran, specify WAR   |                  |
| (a) Residence: No. 509 Fa   | ismount are Tours   | onsituel. Ward.   |                  |
|   | (Usual place of abode)                                    | If nonresident give city or town an   | d State          |
| PERSONAL AND STATIS   |   | MEDICAL CERTIFICATE OF DEATH  |                  |
| 3. SEX 4. COLOR OR RACE White   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH   | 1026             |
|   | Aingle  | (Month) (Day)   | (Year)           |
| 5a. If married, widowad, or divorced A<br>HUSBAND of                        | Territor Invitation                                       | 22. I HEREBY CERTIFY. That I attended   | d deceased from  |
| (or) WIFE of Jungle   |   | Feh-25 1931 10 gan 21   | 1936             |
| 6. DATE OF BIRTH (month, day, and year)                                     | maral -7 - 1875   | i last saw h in elive on Jan 21 , 1936  | .; death Is said |
| 7. AGE Years Months   | Days If LESS than   | to have occurred on the date stated above, at 12-125.2.m.                             |                  |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6.0   0         | -/ 4 1 day,hrs  | Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:        |                  |
| Trada, profession, or particular  |   | Brouchies Ponemoina   | Date of great    |
| kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc                   | ~~  |   |                  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc                      | Printer.  |   |                  |
| SAW MILL, BANK, etc   | 11. Total tima (years)                                    |   |                  |
| ting occupation (month and  | spent in this occupation                                  |   |                  |
| Bill  | - O + W. 1  | Other Contributory Causes of Impostance:  |                  |
| 12. BIRTHPLACE (city or town) Bally (State or country)  13. NAME John J. C. | 2. Journey MA.  | Deneulia Pracease   | 1914             |
| 13. NAME John J. C  |   |   |                  |
|   | recy  | Q   |                  |
| 14. BIRTHPLACE (city or town)   | maruland  | Name of operation Data of What test confirmed diagnosis deput forms Legisland that an | 2                |
| .   | in Paris (Orana)  |   |                  |
| 15. MAIDEN NAME JALIE N. 16. BIRTHPLACE (city or town).                     | enal Crusa  | 23. If death was due to external causes (VIOLENCE) fill in also the following         |                  |
| 16. BIRTHPLACE (city or town)   | no cery   | Accident, suicide, or homicide? Date of injury  | , 19             |
| 16. BIRTHPLACE (city or town). But (State or country)                       | Diet 1'   | Where did injury occur? (Specify city or town, county and St.                         | ate)             |
|   | well- Juster  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P                  | LACE.            |
| 18. BURIAL CREMATION, OR REMOVAL  | · · · · · · · · · · · · · · · · · · ·                     | Manner of injury  |                  |
| Place Prosplot Hu   | 6 Date Jan 23 , 1931                                      | Nature of injury  |                  |
| 19. UNDERTAKER John Br  | 0-0   |   | 400              |
| 19. UNDERTAKER  | mysone  | 24. Was disease or injury in any way related to occupation of deceased?               | <i>FW</i>        |
| 1 Jourses   | Vial 1  | (Signat Silas N Waltney -   | M D              |
| 20. FILED   | Villadee  | (Address) This Gross Kosh-Cate  | usville          |

If more Cares Se god at andress State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example I  | - I           | Example II   |               |
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| Chronic interstitial nephritis 1036  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | Jaly 5, 1927  | Peritonitis  | 3 days ago    |
| BUREAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 00189   |
|---|--|
| 1. PLACE OF DEATH   | - Ta   |
| County Ballemore  | Registration Dist. No. 30  |
| Village or City Calourille, mel.  | ND. St., Ware feath occurred in a hospital or institution, give its NAME instead of street and number)             |
| Length of residence in city or town where death occurred yrs most   | sds How long in U.S. if of foreign birth?yrsmosd   |
| 51 1 10 11 15   | To In alle Deed  |
| (a) Residence: No. 101 Sha cle 1700 7-f re  | I scalaraseell, Me,  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL GERTIFICATE OF DEATH   |
| 3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)   | 21. DATE OF DEATH (Month) (Dey) (Year)   |
| 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of  | 22. CHEREBY CERTIFY. Thet I ettended deceesed fro  |
| 6. DATE OF BIRTH (month, day, and year) O. D. V. 1918   | l lest saw here alive on from 19 Modeath is se   |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Deys If LESS than   | to heve occurred on the date stated above, at 5 m.   |
| 17 9 14 1 day,hrs.  |  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.   | Lese Cras Enfolimm 10-11   |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  %Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and |  |
| 10. Date deceased last worked at this occupetion (month and yeer) occupetion  |  |
| 12. BIRTHPLACE (city or town)  (Stete or country)  Bullenwees , Med.  | Other Coutributory Causes of importance:   |
|   | Eudo Caro 1412   |
| 13. NAME Autoria Malfango.  14. BIRTHPLACE (city or town) (Stete or country)  Stale   | Name of operation Date of What test confirmed diagnosis? Cleureal Was there an autopsy?                            |
| 15. MAIDEN NAME Tage Common turns   | 23. If deeth was due to external causes (VIOLENCE) fill In also the following:                                     |
| 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Dete of injury, 19   |
| E (State or country)  | Where did Injury occur?  |
| 17. INFORMANT autonio Malforiga<br>(Address) Catorio ville 4 2460   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Plece Plece Called Level Date 1-20 1936   | Manner of injury   |
| 19. UNDERTAKER F.C. Higusbythous &:   | 24. Was disease or Injury by eny way related to occupetion of deceased?  |
| 20. FILED 1/15 , 195 , By Chillian  | (Signed) beliegs Mtowel M.   |
| Registrar.  | (Address) Later And Ville Mil  |
| 11 more clanks are needed, address state Kegistrar,   | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | Jy5,1927      | Peritonitis  | 3 days ago    |
| 1  | 4             | \  |               |
| Other contributory causes of importance.                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  | ~             |  |               |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| The state of the s | <b>8</b> 2.   |  |               |
| Other contributory causes of importance:   | 6             | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH   |
|---|--|
| 1. PLACE OF DEATH   |  |
| County Bathingre  | Registration Dist. No. 43  |
| Village or City stermners Run   | NoBucks School House of Loadward   |
| (It Length of residence in city or town where death occurredyrsmos  | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME Lewy Diegert (   | 2 900 V. Yleran epecify WAR  |
| (a) Residence: No Sucke School House  | Raad Ward.   |
| (Usual place of abode)  | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH (Month) (Day) (Yeer)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Callerine Diegert  | Comber 2 1935 to Mualy 1936  |
| 6. DATE OF BIRTH (month, day, and year) May 1/8-1863  | Hast saw hem alive on January 1 = , 136; death Is said   |
| 7. AGE Yeers Months Deys If LESS than   | to have occurred on the date steted above, at 1000 m.  |
| 72 7 20 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   |
| 8. Trede, profession, or particular kind of work done, as SPINNER Harm Mork SAWYER, BDDKKEEPER, etc. Harm   | Cerebral Hemorrhage 1333   |
| kind of work done, as SPINNER SAWYER, BDDKKEPER, etc.  Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked et this occumpation (month end | Hemiples 1 12/3  |
| D. Date deceased last worked et this occupation (month end 1939) spent in this occupation (coupation occupation)  | The state of the s |
| 12. BIRTHPLACE (city or town) Baltymore   | Dther Contributory Canses of Importance:   |
| (State or country) Marifland  | Unknows  |
| 13. NAME / alenting suggest  14. BIRTHPLACE (city or town) / Newson   |  |
| (Stete or country)  | Name of operation Date of Roman Date of Roma |
|   | What test confirmed diagnosist and Was there an autopsy?   |
| 15. MAIDEN NAME WANDOW  16. BIRTHPLACE (city or town) WANDOW  (State or country)  | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  |
| S (Stete or country) Germany  | Where did injury occur?  |
| 17. INFORMANT Miss minnie C. Fiedler (Address) Parketury Ind.   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.   |
| 18. BURIAL CREMATION, OR REMOVAL  STEE SETENS CONCERN Date Jan 5th 1935   | Manner of injury   |
| 19. UNDERTAKE Frederick Landson Soy   | 24. Was disease of inferry in any way related to occupation of deceased?   |
| 20. FILED 1 3 , 19 B 6 St. C. Filed Registrar.  | (Signes) FON M. Caroline Sh. M.D.  |
|   | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Poulto Poul   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Date of onset  | The principal cause of death and related causes of importance were as follows: | Date of onset   |
|--|--|---|
| 1915   | Attack of epilepsy   | 1 week ago  |
| 1921   | Run over by street car   | 1 week ago  |
| July 5,1927  | Peritonitis  | 3 days ago  |
|  | Other contributory causes of importance:                                       |   |
| May 1,1923   | Gastroenteritis  | 1 year  |
| The second secon | 1915<br>1921<br>July 5,1927  | of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: |

V. S. No. 1

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

| County Baltimore  Village or City FUDOWOOD SANATORIUM, TOWSON, Mo.  (If death occurred in a horpital or institution, give its NAME instead of street and Langth of residence in city or town where death occurred yrs. / mos. 19 ds. How long in U.S. if of foreign birth? yrs. / ms.  2. FULL NAME Lelian Catherine Durance  (a) Residence: No. 2168 Holling St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE OR INVORCED (write) the word)  Flewel With Or Invorced (write) the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, hrs.  1 last saw help alive on July 1, 1936 to heve occurred on the data stated above, et 12.00 Pm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importence   | d State  , 1936 (Year)  i deceased from |
|--|---|
| Langth of residence in city or town where death occurred yrs.   mos.   f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   mos.   f f ds.   How long in U.S. if of foreign birth?   yrs.   how long in U.S. if of foreign birth?   yrs.   how long in U.S. if of foreign birth?   yrs.   how long in U.S. if of foreign birth?   yrs.   how long in U.S. if of foreign birth?   yrs.   how long in U.S. if  | d State  , 1936 (Year)  d deceased from |
| Langth of residence in city or town where death occurred yrs   | d State  , 1936 (Year)                  |
| (a) Residence: No. 2168 Holling  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE Flewold  HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  Days  1 LESS than  St., Ward.  Balling  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  (Month)  (Dey)  1 last saw h  | ., 1936<br>(Year)<br>I deceased from    |
| (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE Fewol Muscauth  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writche word)  5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  Days  1 Isst saw h.l. alive on June 12. 19.36  1 Inst saw h.l. alive on June 12. 19.36  2 Inst saw h.l. alive on June 12. 19.36  2 Inst saw h.l. alive on June 12. 19.36  2 Inst saw h.l. alive on June 12. 19.36  2 Inst saw h.l. alive on June 12. 19.36  2 Inst saw h.l. alive on June 12. 19.36  2 Inst saw h.l. alive on June 12. 19.36  2 Inst saw h.l. alive on June 12. 19.36  2 Inst saw h.l. alive on June 12. 19.36  2 Inst saw h.l. alive on June 12. 19.36  2 Inst saw h.l | ., 1936<br>(Year)<br>I deceased from    |
| (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DEVORCED (wrighte word)  5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  Days  1 If LESS than  If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Month)  (Dey)  1 last saw h la alive on January  2 last saw h la alive on January  3 last saw h la alive on January  4 last saw h la alive on January  5 last saw h la alive on January  1 last saw h la alive on January  1 last saw h la alive on January  1 last saw h la alive on January  2 last saw h la alive on January  2 last saw h la alive on January  3 last saw h la alive on January  4 last saw h la alive on January  4 last saw h la alive on January  5 last saw h la alive on January  6 last saw h la alive on January  1 last saw h la alive on January  2 last saw h la alive on January  3 last saw h la alive on January  4 last saw h la alive on January  4 last saw h la alive on January  5 last saw h la alive on January  6 last saw h la alive on Janu | 1936<br>(Year)<br>1 deceased from       |
| 3. SEX Fewole With String (Month)  5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  21. DATE OF DEATH  (Month)  (Month)  (Dey)  22. I HEREBY CERTIFY. Thet I attended to the last saw help alive on June 19, 19, 1936.  T. AGE Years Months Days If LESS than to heve occurred on the data stated above, et 12:70 Pm.   | d deceased from                         |
| Fewel With OR Divorced (winish word)  5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY. Thet I attended Wife I alive on January  6. DATE OF BIRTH (month, day, and year)  Days If LESS than to heve occurred on the data stated above, et 12:00 Pm.  | d deceased from                         |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY. Thet I attended More of the state of t | d deceased from                         |
| 6. DATE OF BIRTH (month, day, and year)  Days  Or WIFE of  Weight 13, 19.35, to January  I last saw here alive on January  To heve occurred on the data stated above, et 12.70 Pm.   | 1,., 19.36.                             |
| 6. DATE OF BIRTH (month, day, and year) July 4, 1920  1 last saw h le alive on Jerus 1, 1936  7. AGE Years Months Day's If LESS than to heve occurred on the data stated above, et 12:00 Pm.   | 2; death is said                        |
| 7. AGE Years Months Days If LESS than to heve occurred on the data stated above, et / 2.00 Pm.   | 2.; death is said                       |
| to meta decarred on the data stated above, et 3.2.2.2  |   |
|  |   |
| 8 Trade profession or perticular O O O O O O O O   | Date of onset                           |
| 8. Trade, profession, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEPPER, atc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked et  | Tulin                                   |
| 9. Industry or business in which work was done, es SILK MILL,  | 1903.                                   |
| SAW MILL, BANK, etc.   | -                                       |
| 10. Data daceased last worked let this occupation occupation occupation occupation.  |   |
| Other Contributory Causes of importance:   |   |
| (State or country)   |   |
|  |   |
|  |   |
| L (State or country)   | )20                                     |
| What test confirmed diagnosis? (A) Wes there an  |   |
| Z3. IT death was due to externel ceuses (VIOLENCE) fill in also the followin   |   |
| 16. BIRTHPLACE (city or town) Date of injury Citete or country) Where did injury occur? Date of injury   | , 19                                    |
| lospital records Personal History (Specify city or town, county and Sta  | ite)                                    |
| 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL  (Address) Ludwood Sanatorium, Towson,   | ACŁ.                                    |
| 18. BURIAL, CREMATION, OR REMOVAL Menner of injury   |   |
| PlaceasterleatDete   |   |
| 19. UNDERTAKER John & John States of injury in any way related to occupation of deceased?  (Address) 3.18 Light States of injury in any way related to occupation of deceased?   | no.                                     |
| 20. FILED M 3 36 W Mall Lax form (Signed) Warden Mary Vand   | M. D,                                   |
| If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |                            | Example II   |               |
|--|----------------------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset              | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis   | 1915                       | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 921                        | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927               | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       | В<br>ман <sub>я,1923</sub> | Other contributory causes of importance:                                       | 1 year        |
| ADDITIONAL SPACE F   | OR FURTH                   | ER STATEMENTS BY PHYSICIAN   |               |

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 00193   |
|---|--|
| 1. PLACE OF DEATH   |  |
| County Baltimore  | Desirtation Did N 3 3  |
| A complete the  | Registration Dist. No. 3   |
| Village bi city C   | death occurred in a hospital or institution, give its NAME instead of street and number) |
|   | ds. How long in U.S. if of foreign birth?yrsmosds.                                       |
| 2. FULL NAME Isiah M. Disney  | If U. S. Veteran, specify WAR  |
| (a) Residence: No. Orwings Mills  | St., Ward.   |
| (Usual place of abode)  | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH  |
| Male. While widowed   | (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of                                   |  |
| (or) WIFE of Susie E. Puby.   | 22.   HEREBY CERTIFY, Thet I ettended deceesed from                                      |
| 1 1 1 - Q (1 C )  | Hartonik Add Street G  |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days of LESS than     | to heve occurred on the date stated above, at  |
| 75 - 3 1 1 dey,hrs.   | The PRINCIPAL CAUSE OF DEATH and releted causes of importance                            |
| Trade profession or particular  | were as follows: Date of onset   |
| kind of work done, es SPINNER, & armer  | mital  |
| 9. Industry or business in which  |  |
| work was done, as SILK MILL, Harry Work   | Tomocarolly)   |
| and this occupation (month and N of ) Shell III this /-                           | Decompany  |
| yeer) occupation 8 0 yrs,   | Other Contributory Causes of in portence   |
| 12. BIRTHPLACE (city or town). Orungo mills                                       | 41 0 44  |
| (State or country)  | Typor lake.  |
| 13. NAME Oliver 45. Dianey 14. BIRTHPLACE (city or town)                          | premores   |
| 14. BIRTHPLACE (city or town)   | Neme of operation Dete of  |
| (Stete of country)  | Whet test confirmed diagnosis? Wes there en eutopsy?                                     |
| 15. MAIDEN NAME Elisa wheat,  | 23. If death wes due to externel ceuses (VIOLENCE) fill In elso the following:           |
| 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide?Date of injury19  |
| (Stete or country)  | Where did injury occur? (Specify city or town, county and State)                         |
| 17. INFORMANT Mellie VE, Disney.  | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                |
| (Address)  18. BURIAL, CREMATION, OR REMOVAL                                      | ***************************************  |
| PV. O + Will ( a ) of   | Manner of injury   |
| Place V Lecaline All Date M. 6, 193 kg  | Neture of injury   |
| 19. UNDERTAKER TO Derryman & Sons.  | 24. Was disease or injury in any wey related to occupation of deceased?                  |
| (Address) Persters how my.  | If so, specify   |
| 20. FILED 5 5 , 1936 I for Leady  | (Signed) M. D.   |
| Registrar.  | (Address) A Wolle with the   |
| 17 more blanks are needed, address State Registrar,                               | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.                               |

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|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: 185 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |  | Example II   |               |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset  | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915   | Attack of epitepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921   | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927  | Peritonitis  | 3 days ago    |
| 0 801  | The same of the sa |  |               |
| Other contributory causes of importance  | * )  | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923   | Gastroenterilis  | 1 year        |
|  |  |  |               |
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|   | -CERTIFICATE OF DEATH  |
|---|--|
| 1. PLACE OF DEATH   | (191)  |
| County Balymore   | Registration Dist. No. 44  |
| Village or City Essex. Md   | No. Lovey Coc, St., Wa   |
|   | If death occurred in a horpital or institution, give its NAME instead of street and number)  osds. How long of U.S. if of foreign birth?yrsmos   |
| 0/30%   | on the state of th |
| 2. FULL NAME William Soring   |  |
| (a) Residence: No. Esque M.J. (Usual place of abode)  | St, Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH  |
| M OR DIVORCED (wife the word)   | Jan 3nd 1936   |
| a. If married, widowed, or divorced   | (Month) (Day) (Year)   |
| HUSBAND of Viegeria Doung   | 22. I HEREBY CERTIFY Thet I attended deceased fr   |
| DATE OF BIRTH (month day and was) 3/27/1/9/22   | 1933 to Jan 3 , 193  |
| . DATE OF BIRTH (Month, day, and year)  | I fast saw hat alive on  |
| 1 day bea   | to heve occurred on the date stated above, etm_  The PRINCIPAL CAUSE OF DEATH end related causes of importance   |
| ormin.  | were at follows:   |
| Frade, profession, or particular kind of work done, as SPINNER, Clark Openator SAWYER, BDDKKEFPER, etc. | Locary Embolus. Jan 3,   |
| Adustry or business in which  | F/   |
| work was done, as SILK MILL Ceron Cale 8 de of SAW MILL, BANK, etc                                      |  |
| 10. Dato deceased last worked at this occupation (month and spent in this                               |  |
| year) occupation  | Other Contributory Causes of importance:   |
| 2. BIRTHPLACE (city or town)  | Chronic Studio-Vasular 2 m   |
| (State or country)  | Must disease   |
| 13. NAME Seo. Lloring   |  |
| 14. BIRTHPLACE (city or town)   | Name of operation Dete of  |
| (State or country)  | What test confirmed diegnosis ( Was there en au'opsy?  |
| 15. MAIDEN NAME Zunkanah  | 23. If deeth was due to external causes (VIOLENCE) fill in also the following:   |
| 16, BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Date of injury, 19   |
| (State or country)  | Where did injury occur?  |
| 7. INFORMANT Mus Verginia Couly (Address) House Con Couly   | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.   |
| 8. BURIAL, CREMATION, OF REMOVAL  | Menner of injury   |
| Place lok Lown Date /6/ 1936  | Nature of injury   |
| 9. UNDERTAKER John & Cornelly   | 24. Was disease or injury judany way related to occupation of deceased?  |
|   | " I read of many may related to occupation of deceased.  |
| (Address) Care 770-d-   | If so, specify   |
|   | (Signed) (Signed) Mallimgardner. M   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |                          | Example II    |  |               |
|--|--------------------------|---------------|--|---------------|
| The principal cause of of importance were as for | leath and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                 | EED.                     | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephriti                    | is I LIDI 4 THOU         | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                              | RUDHAN W A               | July 5, 1927  | Peritonitis  | 3 days ago    |
|  | V a c                    | J -           |  |               |
| Other contributory caus                          | es of importance:        |               | Other contributory causes of importance:                                       |               |
| Gallstones                                       |                          | May 1,1923    | Gastroenteritis  | 1 year        |
|  |                          |               |  |               |

-WRITE PLAD

V. S. No. 1 B of OCCUPA-

STATE OF MADVI AND CEDTICICATE OF DEATH

| 1. PLACE OF DEATH   | CERTIFICATE OF DEATH  |
|---|---|
|   | (3)   |
| County Baltimore  | Registration Dist. No.  |
| Village or City_Middle_River  | No. Ebenezer & Bird River Rass. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred15_yrs,                                     | mosds. How long in U.S. If of foreign birth?yrsmosds.   |
| 2. FULL NAME Michael J. Dougherty   | If U.S. Veteran specify WAR   |
| (a) Residence: No. Ebenezer & Bird River  | Rdsst., Ward.   |
| (Usual place of abode)  | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE MARRIED WIDOWED         | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE Male White S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married | January 6th (Month) (Day) (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of   | 22. That I attended deceased from   |
| (or) WIFE of Julia A. Dougherty   | 1934 to saw 1936  |
| 6. DATE OF BIRTH (month, day, and year) April 28, 1862  | Nast saw h As alive on Den / Db , 1935; death is said   |
| 7. AGE Years   Months   Days   If LESS that   |   |
| 73 8 8 1 day,   | Water Charles of DEATH and related causes of importance   |
| Trade profession or particular  | Musica Palvela Data of onsot  |
| kind of work done, as SPINNER, Laborer  | D to the  |
| 9. Industry or business in which work was done, as SILK MILL, Florist                               | heart desease   |
| O 1Q. Date deceased last worked at 11. Total time (years)   | TO P A A  |
| this occupation (month and 1934 spant in this occupation 15   | move brighto dislose  |
| 12. BIRTHPLACE (city or town) Balto. Co.  | Other Contributory Causes of importance:  |
| (State or country) Md.  |   |
| 置 13. NAME Stephen Dougherty  |   |
| 13. NAME Stephen Dougherty  14. BIRTHPLACE (city or town)   | Name of operation Date of   |
| (State or country) Ireland  | What test confirmed diagnosis?  |
| # 15. MAIDEN NAME Brigget Wellby  | 23. If death was due to external causes (VIOLENCE) fill In also the following:  |
| 15. MAIDEN NAME Brigget Wellby 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Date of injury, 19  |
| (State or country) Ireland  | Where did injury occur?   |
| 17. INFORMANT Mrs, Julia Dougherty (Address) Middle River, Md.                                      | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.                |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury  |
| Place St. Joseph's Ceme Jan. 9,19   | Nature of Injury  |
| 19. UNDERTAKER Frederik Lassahu San<br>(Address) 7401 Belair Road                                   | 24. Was disease or injury in any way related to occupation of deceased?   |
| 20. FILED Jan. 6 , 1906 Jaka D. brenelle  | (Signed) Sarry Walf M. D.  (Address) Agent Do Doole 2 200   |
|   | rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonits   | 3 days ago    |
|  |               | 12 3 1   |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastro deritis 7   | 1 year        |
|  | -             |  |               |

(Approved by U. S. Censns and American Public Health Association.)

en at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House honsehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bisease causing DEATH Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement (a) Foreman. (b) Automobile factory. The material Statement of Occupation-Precise statement of oc For many occupations a single word or term on But in many

Statement of Cause of Death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failnre," "Haemor symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of ment of cause of head of "contributory," (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbalic acid-probably suicide. Examples: Accidental drowning; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or taken. State eause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," "Uraemia," "Weakness," etc., when a definite disease vulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), American Medical Association.) death approved by Committee Example: Measles (disease Struck by railway

If this certifier his looked over thoroughly and all questions answered in tetative will present further correspondence. All the late is exential and must be obtained before the certificate is normal nearly field.

V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 00198  |
|---|---|
| 1. PLACE OF DEATH,  |   |
| County Balto.   | Registration Dist. No.  |
| Village or City Dundalp   | No. St., Ward   |
|   | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?vrsmosds. |
| 2. FULL NAME & ruest haha   | Veteran of Spanish and  |
| (a) Residence: No. 6 730 HODALAR  | World Wars wover  |
| (Usual place of abode)  | Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH 25 / 193 6 (Year)   |
| 5a. If married, widowad, or divorced HUSBAND of Cor) WIFE of Dabelle Harrior  | 22. I HEREBY CERTIFY, That i attended deceased from, 19, 19   |
| 6. DATE OF BIRTH (month, day, and year) hov. 3 1873   | i last saw h; death is said   |
| 7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, atm.   |
| 62 2 22 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows   |
| 8. Trade, profession, or particular hind of work done as SPINNER D  | Date of onset   |
| kind of work done, as SPINNER, seal state SAWYER, BDOKKEEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10- Date deceased last worked at this occupation (month and  | Poisonour gav.  |
| 9-Industry or business in which work was done, as SILK MILL, & Gent SAW MILL, BANK, etc   | April Army  |
| 10. Date deceased last worked at 11. Total time (years)   | J.M. Oselly II  |
| this occupation (month and spent in this occupation cocupation  | acung Colonin   |
| 12. BIRTHPLACE (city or town)   | Other Contributory Causes of importance:  |
| (State or country)  |   |
| 13. NAME HULLIAM HALLON  14. BIRTHPLACE (city or town)  |   |
| 4. BIRTHPLACE (city or town)  | Name of operation Date of   |
|   | What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME May Hales  16. BIRTHPLACE (city or town)  (State or country)  | 23. If death was dua to external causes (VtOL ENCE) filt in also the following:   |
| O 16. BIRTHPLACE (city or town)  (State or country)   | Accident, suicide, or homicide? Date of injury, 19  |
| (State of County)   | Where did injury occur? (Specify city or town, county and State)  |
| 17. INFORMANT THE COLOR TO THE COLOR OF THE | Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION OR REMOVAL  | Manner of injury  |
| Place Lattonal ff Date 1/28 19 16   | Nature of injury  |
| 19. UNDERTAKER JOOOE Bally Bally by   | 24. Was disease or injury in any way related to occupation of deceased?   |
| 20. FILED 1/2 /3 Gg Domlearmene Registrar.  | (Signed) (Address) 7 1 Dundak One Dundak  |
| If more blanks are needed, address State Registrar,   | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.  |

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| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5,1927   | Peritonilis  | 3 days ago                |
| 36   |               |  |                           |
| Other contributory causes of importance:   | 2             | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |

|          |            | SPACE FOR FU |           |          |        |       |
|----------|------------|--------------|-----------|----------|--------|-------|
| Addition | of informs | tion regar   | rding WAR | SERVICE: | Letter | filed |
|          | 7-36 under |              |           |          |        |       |
|          |            |              |           |          |        |       |

| STATE OF MARYLAND-  | -CERTIFICATE OF DEATH  |
|---|--|
| 1. PLACE OF DEATH   | (92-2) nd  |
| County Balla.   | Registration Dist. No.   |
| Village or City Carney.   | No. St., Ward  |
| MX44c   | (If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?msds |
| 2. FULL NAME Susan E.H. For   | Aton. nota U.S. War Ochrace  |
| (a) Residence: No. Johna Rd. Carne  | St., Ward.   |
| (Usual place of abode)  | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| Jemal While 5. SINGLE, MARRIED, WIDOWED, OR INVORCED (who he word)                | 21. DATE OF DEATH (Month) (Year) (Year)  |
| a. If married, widowed, or divorced HUSBAND of                                    |  |
| (or) WIFE of  | 1 HEREBY CERTIFY, Thet I attended deceased from  |
| DATE OF PURITY (worth to see )  | liest saw h. T. alive on O.M. J. 7 19 Scheath is sai   |
| AGE Years Months Seys If LESS than  | to have occurred on the date stated above, at  |
| 82. 8 3 1 day,hr  | The PRINCIPAL CAUSE OF DEATH and related causes of importance  |
| 8 Trade profession or particular  | were as follows: Date of one   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.                           |  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc |  |
| 10. Date deceesed last worked et 11. Total time (years)                           |  |
| this occupetion (month and spent in this year)                                    | •  |
| 2. BIRTHPLACE (city or town) Balto Mid.   | Other Contributory Causes of importance:   |
| (State or country)  | Mule Omnelute lough  |
| 13. NAME Arthur Fossier; 14. BIRTHPLACE (city or town)                            |  |
| 14. BIRTHPLACE (city or town)   | Name of operation  |
| (State of country)  | What test confirmed diegnosis? A harest Was there en autopsy? D  |
| 15. MAIDEN NAME Margaret Brown  | 23. If death was due to external causes (VIOLENCE) fill In also the following:   |
| 15. MAIDEN NAME Margaret Brown  16. BIRTHPLACE (city or town)  (State or country) | Accident, suicide, or homicide? Date of injury, 19   |
| (State or couplry)  | Where did Injury occur?  |
| 7. INFORMANT & Walherine Longa<br>(Address) H410 Maintield                        | (Specify city or town, county and State)  Appenly whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.                          |
| 8. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |
| Place Greensoundate fan 201, 1931   | 2 Nature of Injury   |
| 9. UNDERTAKER JUM Cagata St. (Addiess) 12/17 Strank St.                           | 24. Was disease or injury in any way related to occupation of deceased?  |
| 10. FILED UL 18 , 1936 AM Dasse Registrar.  | (Signed) Seary 4. Song M. (Address) 222 Ag Market Rad &  |
| If more blanks are needed, address State Registra                                 |  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial hephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| FEB 7 1000   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

MARGIN RESERVED FOR BINDIN

V. S. No. 1

| STATE OF MARYLAN   | ND—CERTIFICATE OF DEATH 00200  |
|--|--|
| 1. PLACE OF DEATH  | 10702  |
| County Dalumore  | Registration Dist. No.   |
| Village or City extreme wall   | No. A P Slandle St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)               |
| Length of residence in city or town where death occurredyrs,   | mosd.s. How long in U.S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME Buly Fran   | If U.S. Veteran specify WAR  |
| (a) Residence: No. # & Slynley (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULAR  |  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (rurite the  |  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of   | 22. 1 HEREBY CERTIFY, That I attended deceased from  |
| 6 DATE OF BIRTH (month day and year) 1-25-36   | , 19.26, to , 19.26  |
| d. DATE OF BIRCH (Month, day, end yeer)  | I last saw h & elive on 26 , 19 36 ; death is said to have occurred on the date stated above, et 3 m.                                |
| / 1 day,   | hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance   |
| Z 8. Trade, profession, or particular  | min. were estollews: Bronch's pollumonica Date of onset  |
| kind of work done, es SPINNER,<br>SAWYER, BOOKKEEPER, etc.   |  |
| 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  |  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and year) occupation |  |
| 12. BIRTHPLACE (city or town) Catons will nd   | Other Contributory Causes of importance:   |
| (State or country)   |  |
| 13. NAME Cluselyn Kelling 14. BIRTHPLACE (city or town) + Laurent  |  |
| 4. BIRTHPLACE (city or town)   | Name of operation Date of  |
| I 15. MAIDEN NAME / Cole : name  | What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Valence travel  16. BIRTHPLACE (city or town) Currol County  (State or country)  | Accident, suicide, or homicide?  |
| (State or country)   | Where did Injury occur?  |
| 17. INFORMANT(Address)   | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.                   |
| 18. BURIAL, CREMATION, OB REMOVAL  | Manner of injury   |
| Place // L ( Un Comba gate Jan 28  | , 19.36. Nature of injury  |
| 19. UNDERTAKER Gugene Waters and   | 24. Was disease or injury in any wey related to occupation of deceased?  |
| (Address) 213 h. brace f. Besture  | If so, specify A Callet they be  |
| 20. FILED / 27 , 1936 A Res  | (Signed) M. D.  gistrar. (Address) # 102 waste   |
| If more blank presented address State  |  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I  | 1             | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Dete of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5,1927   | Perilonilis  | 3 days ago                |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |

| 1. PLACE OF DEATH  County Ballenor  | Registration Dist. No. 42   |
|---|---|
| ( 00 + + 1 ) [1   |   |
|   | No. 44/9 Add sale (St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) |
|   | s ds. How long in U.S. if of foreign birth?   |
| 2. FULL NAME tanne J. Freem   | an,   |
| (a) Residence: No. 4419 Thellaids   | St. Ward.   |
| (Usual place of abode)  | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,  | MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH   |
| OR DIVORCED (write the word)  | January 9 1936  |
| a. If married, widowed, or divorced   | (Month) (Dey) (Year)  |
| HUSBAND of Horley Freeman   | 22. 1 HEREBY CERTIFY, That I attended deceased from   |
| Su 10 1010  | 1936, to Jan 9, 1936  |
| 5. DATE OF BIRTH (month, day, and yeer) March 8 - 1860                                      | I lest saw h alive on   |
| 7. AGE Yeers Months Days If LESS then 1 dey,hrs.  |   |
| /S   O   ormin.   | were es follows:  |
| 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | To his in   |
| 9. Industry or business in which  | - Ra rappi  |
| work was done, es SILK MILL,<br>SAW MILL, BANK, etc   | -   |
|   |   |
| yeer) occupation  | Other Contributory Causes of importence:  |
| 12. BIRTHPLACE (city or town) / // State or country)  | 2   |
| 13. NAME James Duke   | asthing and allinix Myd Cardetis 1931   |
| 11.   |   |
| 14. BIRTHPLACE (city or town) Ungine  | Neme of operation Date of Whet test confirmed diagnosis? Authority Westhere an autopsy? My                            |
| 15. MAIDEN NAME   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| 16, BIRTHPLACE (city or town)   | Accident, suicide, or homicide?   |
| 16. BIRTHPLACE (city or town)   | Where did injury occur?   |
| 17. INFORMANT Mrs. W. M. Barris   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    |
| (Address) 4419 Hillard  |   |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury  |
| Piece Coudon Park Cenelay Date Jan. 13 - ,1936  | Neture of Injury  |
| 19. UNDERTAKER Charles 4. Schust.   | 24. Wes disease or injury In eny way related to occupetion of deceesed? 200.  |
| (Address) 505 n monve st.   | If so, specify  |
| 20. FILED Jung 11, 136 The ming for   | (Signed) Markon. M.   |
| (Registrar.   | (Address) Holettiage and  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and relation of importance were as follows: | ated causes Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago                |
| Chronic interstitial nephritis   | 1921          | Run over by street ear   | 1 week ago                |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis   G  | 3 days ago                |
| Other contributory causes of importance:                                       |               | Other contributory causes of importa                                     | nce:                      |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |
|  | 1             |  |                           |

V. S. No. 1

| STATE OF | MARYLAND- | -CERTIFICATE | OF | DEATH | 00202 |
|----------|-----------|--------------|----|-------|-------|
|          |           |              |    |       |       |

| 1/ PLACE OF DEATH   | 82.00  |
|---|--|
| County Balling  | Registration Dist. No. 32  |
| Village or City CaCrass VIII  | No. Surray grow State Hospital Ward  |
|   | If death occurred in a hospital or institution, give its NAME instead of affect and number)  ds. How long in U.S. if of foreign birth?yrsds. |
| 2. FULL NAME Jahn H. Friedle  | If U. S. Veteran, specify WAR  |
| (a) Residence: No. 318 S. W. Arthur. (Usual place of abodic)                      | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (furite the word)       | 21. DATE OF DEATH  (Month) (Day) (Year)  |
| a. If married, widowed, or divorced HUSBAND of (or) WIFE of                       | 1 HEREBY CERTIFY, That i attended deceased from  |
| DATE OF BIRTH (month, day, and year)  | I last saw h. A alive on 19 6 death is said  |
| DATE OF BIRTH (month, day, and year)  AGE Years Months Days If LESS than          | to have occurred on the data stated abova, at 2 2 m.   |
| 67 b lday,hrs   | The PRINCIPAL CAUSE OF DEATH and related causes of importance  |
| Trade profession or particular 0 1  | Date of onset  |
| SAWYER, BDDKKEEPER, etc.  | Central Junow ray 1-17-36  |
| 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc |  |
| apoint in this  |  |
| occupation occupation   | Other Contributory Causes of importance:   |
| 2. BIRTHPLACE (city or town) (State or country)                                   | t tringtonia   |
| 13. NAME Report & Friedlein   | - 15 VO- COY OV CO GP- CV  |
| 13. NAME Robert & Triedlen  14. BIRTHPLACE (city or town)                         | Name of operation Date of  |
| (State of country)  | What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)                | 23. If death wes dua to external causes (VIOLENCE) fill in also the following:   |
| 16. BIRTHPLACE (city or town) (State or country)                                  | Accident, suicide, or homicide?  |
| 9   | Where did Injury occur?  (Specify city or town, county and State)  |
| 7. INFORMANT (Address)  | Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  |
| 8. BURIAL, CREMATION, OR REMOVAL  | Mannar of injury   |
| Place Western Cember Delig 3, 1934  | reture of injuly   |
| 9. UNDERTAKED Office Colleges (Address) Dear Colleges                             | 24. Was disease or injury in any way related to occupation of deceased?  |
| 131 2/ 110 0  | If so, specify A. Cattay A. (Signed)   |
| 0. FILED 1-21 19.26 H. Andrae Registrar.  | (Address) S my mue Still Trops   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | li            | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage 1 W - D  | July 5, 1927  | Peritonitis  | 3 days ago    |
| FEB4 1936  |               |  |               |
| Other contributory causes of importance:                                       | THE TE        | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year .      |
|  |               |  |               |
|  |               |  |               |





# STATE OF MARYLAND—CERTIFICATE OF DEATH

| RECORD. Every item of infor-  | 7. PHYSICIANS should state   | Exact statement of OCCUPA-   |  |
|---|--|--|--|
| IS A PERMANENT  | stated EXACTLY   | properly classified.   | certificate.   |
| LHIS  | d be   | y be   | k of c   |
| 3.—WRITE PLAINEY, WITH UNFADING INK.—THIS IS A PERMANENT RECEND. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |

MARGIN RESERVED FOR BINDIN

| 1. PLACE OF DEATH  | (B)2-(a)  |
|--|---|
| County Baltimore   | Registration Dist. No. 43   |
| Village or City Fullerton  | No. Belair Road St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number) |
|  | mosds. How long in U.S. If of foreign birth?yrsmosds.   |
| 2. FULL NAME Franz Gemeinnhisser   | If U.S. Veteran specify WAR.  |
| (a) Residence: No. <u>Belair Road, Fulle</u><br>(Usual place of abode)                           | rton_St.,Ward   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (purise the wind own) Male White Widowed, or divorced        |   |
| HUSBAND of (or) WIFE of Unknown  | 22. I HEREBY CERTIFY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) Unknown  | I last saw h alive on Smud alast ; death is said  |
| 7. AGE Years Months Days If LESS I day,  | hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance  |
| 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Hand | . 6 1 1 1   |
| 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.               | Cerebral Henribage  |
| 10. Date deceased last worked et this occupation (month and year)                                | O Dther Contributory Causes of Importance:  |
| 12. BIRTHPLACE (city or town) Garmany  |   |
| E 13. NAME Unknown   |   |
| 14. BIRTHPLACE (city of own) Unknown (State or country)  | Name of operation Date of Date of What test confirmed diagnosis? Was there en autopsy?                                  |
| 15. MAIDEN NAME Unknown  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:   |
| 16. BIRTHPLACE (city or town)(State or country) Unknown  | Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur?  |
| 17. INFORMANT Mrs. Waldman, (Address) Fullerton. Md.   | (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.      |
| 18. BURIAL, CREMATION, OR REMOVAL Place St. Josephs Date Feb. 4,,                                | Manner of injury  |
| 19. UNDERTAKER Frederick Lassahw of and (Address) 7401 Be Pair Road                              | 24. Was disease or injury in any way related to occupation of deceased?   |
| 20. FILED 2 1 , 1936 Jo. a. Fritz M.   | Q (Signed) Bullavo A. traty M. 1  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example I  |               | Example II   | Examples.     |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| Registration Dist. No.  | 1               |
|---|-----------------|
| No. Gehb. ave, St.  | Ward            |
| eath occurred in a hospital or institution, give its NAME instead of street and n | umber)          |
| 2.9.ds. How long in U.S. If of foreign birth?yrsma                                | sds.            |
| St Lauredown P.O. M.L   |                 |
| If nonresident give city or town and  | State           |
| MEDICAL CERTIFICATE OF DEATH  |                 |
| 21. DATE OF DEATH   | -               |
| (Month) (Day)   | (Year)          |
| 22. I HEREBY CERTIFY, That I attended   | deceased from   |
| , 19, to  | , 19            |
| I last saw h, 19,   | ; deeth is said |
| to have occurred on the date stated above, etm.                                   |                 |
| The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:    |                 |
| Malnutrition probable   | Date of onset   |
| Browneal Continued  |                 |
|   |                 |
| In Allen  |                 |
| Influry   |                 |
| Other Contributory Causes of Importance:  |                 |
| Thederick O WATE.   |                 |
| acting Coroner  |                 |
| 1 3/2 /2-the bo Place   |                 |
|   |                 |
| What test confirmed diagnosis?  |                 |
| 23. If death was due to external ceuses (VIOLENCE) fill in elso the following:    |                 |
| Accident, suicide, or homicide? Date of Injury                                    | , 19            |
| Where did injury occur? (Specify city or town, county and State                   | )               |
| Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA            | CE.             |
|   |                 |
| Menner of Injury  |                 |
| Nature of injury  |                 |
| 24. Was disease or intry in any way related to occupation of deceesed?            |                 |
| If so, specify  | has             |
| (Signed) Service of the grant   | M.D.            |
| (Address) Olo Rae   | 7               |

V. S. No. 1

Z

(Address)

20. FILE

Registrar.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 15            | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    |  | 1 year        |
|  |               |  |               |

# STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | CERTIFICATE OF BEATTI   |
|--|---|
| County Baltimore   | Registration Dist, No. 33   |
| Village or City Reis ters torm med.  | No. St. Ward  |
| V Q (II  | death occurred in a hospital or institution, give its NAME instead of street and number)      |
| acting to testament of the white death occurred  | ds. How long in U.S. if of foreign birth?yrsmosds,  |
| 2. FULL NAME Henry Sim bel   | If U. S. Veteran, specify WAR   |
| (a) Residence: No. 19 and St. No. 620 leaders h  | Mard.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Market Mark | 21. DATE OF DEATH  (Month)  (Day)  (Yeer)   |
| 5a. If married, widowed, or divorced HUSBAND of  |   |
| (er) HIFE of Mary Minn   | 1 HEREBY SERTIFY, Thet I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) Oct. 20, 1863  | I last saw h LM elive on Day of 1936; deeth is seid   |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stelled above at 12m.  |
| 72 2 13 1 dey,hrs.   | The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:  Date of onset |
| Name of the profession, or perticular kind of work done, es SPINNER, Calinet maker.  | abol.   |
| 9. Industry or business in which   | mytramula   |
| kind of work done, es SPINNER, Calculation SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceesed lest worked et this eccupation (month and the second in this second in the second in the second in the second in this second in the second in the se    | ( Computation June 10   |
| and occupation (month and Ci. 1 ) and  | <b>V</b>  |
| year) gccupation 22 yro.   | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town) Sealon (Annual Country), Sealon (Annual Country),  |   |
|  |   |
| 13. NAME Yohoras Jimbel 14. BIRTHPLACE (city or town)  | Neme of operation   |
| (State or country) Jem any   | What test confirmed diegnosis?  |
| 15. MAIDEN NAME dut Know.  | 23. If death wes due to external causes (VIOLENCE) fill In elso the following:                |
| 15. MAIDEN NAME dut River.   | Accident, sulcide, or homicide? Dete of injury, 19  |
| (State or country)   | Where did Injury occur? (Specify city or town, county and State)                              |
| 17. INFORMANT Mrs. Mary Gundon   | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                     |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury  |
| Place Western CemelayBate an 6, 1936   | Neture of injury  |
| 19. UNDERTAKER To Berry may & Sina   | 24. Wes disease of injury in any way related to occupation of deceased?                       |
| (Address) Reveterstown mg.   | If so, specify  |
| 20. FILED Jane, Ju 1974 Straberty  | (Signed) Muly Sparing Clary of M.D.   |
| Registrar.   | (Address) Kidustown My  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

stated EXACTLY. PHYSICIANS should state

Y, WITH UNFADING INK-THIS IS A PERMANENT REC

AGE should be

MARGIN RESERVED FOR BINDIN

Exact statement of OCCUPA.

be properly classified.

certificate.

Jo

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.—WRITE PLA

ż

Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|--|
|  |
|  |
|  |

FOR BINDI

MARGIN RESERVED

V. S. No. 1

20. FILED /28 ,136 G-M.

|  | CERTIFICATE OF DEATH 00206  |
|--|---|
| County_Baltimore   | Registration Dist. No. 3 8  |
|  | MINO. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  s. 21 ds. How long In U.S. if of foreign birth? yrs. mos. ds.  Not a U.S. War Veteran |
| (a) Residence: No. 145 Mains Stuy (Usual place of abode)   | St., Ward. aunopolis Maylor If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (wave the word)  | 21. DATE OF DEATH January 28 (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of   | 22. No senter, 7, 1935, to James, 28, 1936  |
| 6. DATE OF BIRTH (month, day, and year) March, 14, 190 b  7. AGE Years Months Days If LESS than  | I last saw h alive on January 28, 1936; death is said to have occurred on the date stated above, at 1905A.m.  |
| 3. Trade, profession, or particular kind of work done, as SPINNER, And South Control of the cont | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| kind of work done, as SPINNER, Grocum Clink SAWYER, BDDKKEPPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worker at this occupation (morkwand by 1927 year)  The company of the company of the company occupation occupation  Occupation   | Pulmonar Jurialosis July  |
| 12. BIRTHPLACE (city or town) New Yark Cuty (State or country)   | Other Contributory Causes of importance:  |
| 13. NAME Joseph Glickman.  |   |
| 14. BIRTHWACE (city or town) Russia. (State or country)  | Name of operation Nove Date of  |
|  | 23. If death was due to external causes (VIDL ENCE) fill in also the following:   |
| 15. MAIDEN NAME Mary Rubenstein  16. BIRTHPLACE (city or town) New York City  (State or country) New York  | Accident, suicide, or homicide? Date of injury, 19  |
| Hospital Records Personal History. 17. INFORMANT TOWSON, Md.   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.  |
| 18. BURIAL, CREMATION, DR REMOTAL Place Was apriles m. Date fan 28, 1936   | Manner of injury  |
| 19. UNDERTAKER 19 1 Jeffred 19. (Address) annafortist ond.   | 24. Was disease or injury in any way related to occupation of deceased? 200.  If so, specify  |

Registrar.

Towson

(Address) \_\_\_\_\_

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example 1  |               | Example 11   |            |
|--|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: |            |
| Artertoscierosis   | 1915          | Attack of epilepsy   | 1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago |
| NOREAU Y. S.   |               |  |            |
| Other contributory causes of importance:   | 4             | Other contributory causes of importance:                                       |            |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year     |
|  |               |  |            |
|  |               |  |            |

MARGIN RESERVED FOR BIND

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 00207   |
|---|--|
| 1. PLACE OF DEATH   | 10) 38   |
| / County Baltimore  | Registration Dist. No.   |
| Village or City Parkville   | No. 6 Augustoce and St., Ward death occurred in a hospitalor institution, give its NAME instead of street and number)  |
| Length of residence In city or town where death occurredyrsmos.   |  |
| 2. FULL NAME Harry & Goffron  | tota U. D. War Orleran   |
| (a) Residence: No. le Linganore au  | St., Ward.    If nonresident give city or town and State   |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WARE of Mary Dayhoff.  | 22.   HEREBY CERTIFY That I attended deceased from 1936 to 1936  |
| 6. DATE OF BIRTH (month, day, and yeer) OCF 3 -1900   | I last saw h alive on , 19 56; death is said   |
| 7. AGE Years Months Days If LESS than 1 day, Ahrs. or miles   | to have occurred on the date stated above, at  |
| Note: | Brockspurani Jr. 19.   |
| kind of work done, as SPINNER, falewing SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, Hat Business SAW MILL, BANK, etc.   |  |
| 10. Date decesed last worked at this occupation (month end year)  | Olhor Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) / Saltimore (State or country)  | acute Seurilis Jan 193   |
| I 13. NAME Sarry L. Roffion Sr.   | 9  |
| 14. BIRTHPLACE (city or town). Balls. (State or country)  | Name of operation Date of Date of Whet test confirmed diagnosis? Wes there an au'opsy? Date of |
| 15. MAIDEN NAME Margaret Ongler   | 23. If death was due to external causes (VIOLENCE) fill in elso the following:   |
| 16. BIRTHPLACE (city or town)  (State or country)   | Accident, suicide, or homicide? Date of injury, 19   |
| 17. INFORMANT Harry L Goffron Sr.   | (Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL Place and word Con Date Jan 10, 1936  | Manner of injury   |
| 19. UNDERTAKER Sko. L. Beiser Ja-<br>(Addiess) 15/2 Hallien St  | 24. Was disease or Injury In any way related to occupation of deceased?  |
| 20. FILED Jan 9 , 1986 971 Bacon Registrar.   | (Signed) A Alesan M. D.  (Ardress) 6217 Haufort Rd.  |
| If more blanks are needed address State Registrar   | ners N. Charles Street Relimore Properties (1) S. No   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example 1  | W 03          | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attac of opilepsy  | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run gwer by street ear   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1727  | l'erilonilis   | 3 days ago    |
|  | - Arman       |  |               |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 00208   |
|--|--|
| 1. PLACE OF DEATH  | (ISI)  |
| County 1920 Co.  | Registration Dist. No. 4   |
| Village or City Thenan   | NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)  |
| Length of restance in a for town whara death occurredyrsmos.                                 | death occurred in a hoppier of institution, give hereaffer instance of street and number) ds. How long in U.S. if of foraign birth?yrsmosds. |
| 2. FULL NAME dousa /olagy  |  |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (vertice the word) Widowes | 21. DATE OF DEATH JALL 20 1936 (Month) (Day) (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anderson Grego Fate             | 22. I HEREBY CERTIFY. That I attended deceased from 20, 1936, to 20, 1936  |
| 6. DATE OF BIRTH (month, day, end year)  | I last saw h. L. alive on Jan Jo, 1986; death Is said  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the data stated above, et.5  |
| 96 I day,hrs.  | Tha PRINCIPAL CAUSE OF DEATH end related ceuses of importance were, as follows:  |
| 8. Trada, profession, or particular kind of work done, as SPINNER.                           | (Icerdental Juins Jan  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc                                       | (In Namu) a 20   |
| work was done, as SILK MILL, SAW MILL, BANK, etc.  | 1909   |
| 10. Data deceased last worked at this occupation (month and spent in this                    |  |
| yaar) occupation   | Other Contributory Causes of Importance:   |
| 12. BIRTHPLACE (city or town) (State or country)   |  |
|  |  |
| I A  | N  |
| 4. BIRTHPLACE (city or town) (State or country)  | Neme of operation Dete of  |
|  | What test confirmed diagnosis?   |
| E  | Accident, suicide, or homicide? Accident Data of Injury 21, 1936.  |
| O 16. BIRTHPLACE (city or town)  S (State or country)  | Where did injury occur?  |
| 17. INFORMANT James Greggi   | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                           |
| 18. BURIAL, CREMATION, OR REMOVAL Virgina Dete San 23 1936                                   | Manner of Injury /   |
| 19. UNDERTAKER Classif E. Calley (Address) Fork Jud.   | 24. Was disease or Injury In any way related to occupation of deceased?  |
| 20. FILED/2/2/ Noteller MHammet  | (Signed) Aufforth Husson M. D. (Address) Harry M.d.  |
| If more blanks are needed, address State Registrar,  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis FFD   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |



STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH PHYSICIANS should Registration Dist. No Village or City Chessro Park (No lit death occurred in Ward) a hospital or institution, RECORD give its NAME instead of street and number. 1 Evelyn man MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. PERMANE MARRIED. WIDOWED. (Month (Year) (Day OBDIVERCED I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at ..... 1 day .....hrs. OR ..... min. ? BOCCUPATION O (a) Trade, protession, or barticular kind of work. (b) General nature of industry. Ö business, or establishment in (Duration) may which employed (or employar) Contributory. Secondary (State or country (Duration) 10 NAME OF FATHER ROIN 11 BIRTHPLACE 191.30 (Address) OF FATHER N (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER pla 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_ yrs. \_\_\_ mos. Where was diseasa contracted. It not at place of death? 00 Former or Every Item CAUSE OF Important. usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BUBIAL 15 ... 191..... ADDRESS Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tctanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



(Year)

Date of enset

(Day)

00218

BIND RESERVED

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town)

15. MAIDEN NAME

carefully

should 

OF

SE mation

MOTHER

17. INFORMANT

(Address)

important. ii

V. S. No.

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

What test confirmed diagnosis? ...... Was there an autopsy?

23. if death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19

Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of injury

Neture of injury.

24. Was disease or injury in any wey related to occupation of deceased: If so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, pame other important diseases or injuries. Examples:

| Example I   | 1           | Example II   |            |
|---|-------------|--|------------|
| The principal cause of death and related of importance were as follows: | 1 1         | The principal cause of death and related causes of importance were as follows: |            |
| Arteriosclerosis 2 2  | 1915        | Attack of epilepsy   | 1 week ago |
| Chronic interstitial nephritis  | 1921        | Run over by street car   | 1 wcek ago |
| Cerebral hemorrhage   | July 5,1927 | Peritonitis  | 3 days ago |
| 3 3   |             |  |            |
| Other contributory causes of importance:                                |             | Other contributory causes of importance:                                       |            |
| Gallstones  | May 1,1923  | Gastroenteritis  | 1 year     |
|   | - 2'        |  |            |
|   |             | 1  |            |
|   |             |  |            |

| N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. | M           | em of infor-     | should state   | f OCCUPA-          |                |
|--|-------------|------------------|----------------|--------------------|----------------|
| B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT I mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ITON is very important. See instructions on back of certificate.  | •           | RECORD, Every it | PHYSICIANS     | sxact statement o  | /              |
| MARGIN RESERVED FO.  B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS. mation should be carefully supplied. AGE should be stat CAUSE OF DEATH in plain terms, so that it may be prop TION is very important. See instructions on back of certii   | R BINDIA    | A PERMANENT I    | ed EXACTLY.    | erly classified. I | ficate.        |
| MARGIN RESEH B.—WRITE PLAINLY, WITH UNFADING INK- mation should be carefully supplied. AGE sho CAUSE OF DEATH in plain terms, so that it n TION is very important. See instructions on b   | EVED FO     | -THIS IS         | uld be state   | nay be prop        | ack of certif  |
| B.—WRITE PLAINLY, WITH UNFA mation should be carefully supplied CAUSE OF DEATH in plain terms. TION is very important. See instr   | IN RESER    | DING INK-        | I. AGE sho     | so that it m       | uctions on b   |
| B.—WRITE PLAINLY, mation should be care CAUSE OF DEATH in TION is very importan  | MARG        | WITH UNFA        | fully supplied | n plain terms,     | nt. See instri |
| No. 1 B.—WRITE mation sh CAUSE TION is   | 3           | PLAINLY,         | ould be care   | OF DEATH is        | very importa   |
| N . K  | V. S. No. 1 | N. BWRITE        | mation sł      | CAUSE              | TION is        |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 10211   |
|--|--|
| 1. PLACE OF DEATH  | 97)  |
| County Ballmy  | Registration Dist. No. 30  |
| Village or City Cattracty  | No. Spring Grave State Sospital St., Ward  |
| (If Length of residence in city or town where death occurredyrs  | death occurred in a hoppital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?  |
| h. 11 14.  | Town rought of the state of the |
| 2. FULL NAME V Acar Hamilton   | Elmora - Au Coly Durator   |
| (a) Residence: No. 34 0 d (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)   | 21. DATE OF DEATH  (Month) (Day) (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of  |  |
| (or) WIFE of Sarah ray   | 1 HEREBY CERTIFY. That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year) And 1964   | hast saw hin A alive on Am 10 1936; death is said  |
| 7. AGE Years Months Days I LESS than   | to have occurred on the date stated above, at  |
| 71 4 d5 1 day,   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   |
| & Trade profession or particular   | Date of onset  |
| kind of work done, as SPINNER, Shumber, SAWYER, BOOKKEEPER, etc.   | Athers Charles   |
| 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  | Toppline   |
| O 10. Date deceased last worked at 11. Total time (years)  |  |
| this occupation (month and year) spent in this occupation  | Other Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town)  | Garales of importance.   |
| (State or country)   | Y  |
| 13. NAME Jahn Familton  14. BIRTHPLACE (city or town)  |  |
| 14. BIRTHPLACE (city or town)  | Nama af operation Date of  |
| (State of country)   | What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?   |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| O 16. BIRTHPLACE (city or town)  (Stata or country)  | Accident, suicide, or homicide?  |
| La in the state of | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,   |
| (Address) 3462 9 1 mm /m 2 all   | Specify whether injury occurred in introduct, in nome, or in robello reace.  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |
| Place Zondon Vark Date Jan 13, 1936  | Natura of Injury   |
| 19. UNDERTAKER Lufin & Dennal  | 24. Was diseasa or injury in any way related to occupation of deceased?  |
| (Address) 715 Light St   | If so, specify   |
| 20. FILED Jan 11, 1936 marshall B West Registrar.  | (Signed) M.D. (Address) Man Jahren Buttush   |
| If more blanks are needed, address State Registrar,  | 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of inportance were as follows: | Date of onset |
| Arteriosclerosis   | 1615          | oHack if wileyry   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Red over by and con  | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1977  | Peritondia   | 3 days ago    |
|  | *130-         | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |               |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

of OCCUPA.

Exact statement

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH   | TOTAL OF BEATH  |
|---|---|
| V County Baltinase  | Registration Dist. No. 30   |
| Village or City Catousville, Jud. Afring  | (/,   |
| Length of residence in city or town where death occurred 40 yrs. 9 mg             | s. 28 ds. How long in U. S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME Frank Hannel   | If U. S. Veteran, specify WAR   |
| (a) Residence: No. 164 2V. Trest  | St., Ward.  |
| (Usual place of abode)  | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH  (Month)  (Day)  (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of                                   |   |
| (or) WIFE of Druge  | 1 HEREBY CERTIFY, That I attended deceased from 1936, to Pau 31, 1936   |
| 6. DATE OF BIRTH (month, day, and year) 1869? Dec. 28, 186.                       | I last saw hum alive on Jan 31 ,1936; death is said   |
| 7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, at 11:30 a.m.  |
| 70 69 ? 1 ? 3 1 day,hrs   | The PRINCIPAL CAUSE OF DEATH and related causes of Importance   |
| 8. Trade profession or particular   | acute Certonitis - from Date of onset   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc                            | perhanation of herical sequent  |
| 9. Industry or business in which work was done, as SILK MILL, Tohacco Striffper   | af intestine 1/27/31  |
| O 10. Date deceased last worked at 11 Total time(years)                           | 17756   |
| this occupation (month and spent in this occupation 10                            | Other Contributory Canses of importance;  |
| 12. BIRTHPLACE (city or town) Ballumase Indaylam (State or country)               | Dementia Presery 18924  |
| 13. NAME LUEBLOWN-  |   |
| 13. NAME Cleekesow -  14. BIRTHPLACE (city or town) Mary Raced                    | Name of operation Clasure of Perforation Date of 131/31   |
| (State or country)  | What test confirmed diagnosis? Which the stand Was there an autopsy? No.  |
| 15. MAIDEN NAME Unknown -   | 23. If death was due to external causes (VIOL ENCE) fill in also the following:                                   |
| 5 16. BIRTHPLACE (city or town) maryland  | Accident, suicide, or homicide? Accident Date of injury free 27, 1936   |
| ∑ (State or country)  | Where did injury occur? On Wash - Spring Grow Kass.   |
| 17. INFORMANT Mas Sashia Geters (niece)   | Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 1730 South Light St. Balto. Ned.  | Hring Brane Kasp. Cetansville Mid-  |
| 18. BURIAL, CREMATION, OR REMOVAL CO. Q.C. T. 11/14                               | Manner of injury Ruptules of intestine in Acratal san   |
| Place How Date Date 1994 T 1996   | Nature of injury Causel by falling against bed past   |
| 19. UNDERTAKER B. C. Harle  | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Address) 121 Qy West St.   | If so, specify  |
| 20. FILED 19 Alle   | (Signed) Arlad or Wellines M.D.   |
| 86 / Registrar.   | (Address Africa Grove Kash - Calourville  |

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term, "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I  | il            | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| 1. PLACE OF DEATH   | MARILAND  | CERTIFICATE OF BEATTI  | 0213              |
|---|---|--|-------------------|
| County Baltinuse  |   | Registration Dist. No. 3   | 2                 |
| Village or City Catousvil   |   | no Stone State Haspital St.,  Geath occurred in a hospital or institution, give it's NAME instead of street and i                      |                   |
| Length of residence in city or town where deat  | h occurred  | ds. How long in U.S. if of foreign birth?yrsm  | osds.             |
| (a) Residence: No. Baltin   | are ned,  | St., Ward.   |                   |
|   | (Usual place of abode)  | If nonresident give city or town and   | State             |
| PERSONAL AND STATISTIC  |   | MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  |                   |
| male mhite  | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single | Jaw (Month) (Day)  | , 198 6<br>(Yaar) |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  | le  | Feel 25 1931 10 Jan 6  | daceased from     |
| 6. DATE OF BIRTH (month, day, and year) 845-  | no. + day sucknown  | I last saw h in aliva offan 6 ,1936  | _; daath is said  |
| 7. AGE Yaars Months   | Days If LESS than I day,hrs.                                  | to have occurred on the date stated above, at 7/15 - a _ in.  The PRINCIPAL CAUSE OF DEATH and related causes of importance            |                   |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.   | ormin.  | Chronic Myocarditis  | Data of gaset     |
| Jindustry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc.  10. Date daceased last workad at this occupation (month and | 11. Total Mme (yaers) spent in this occupation 25             |  |                   |
| 12. BIRTHPLACE (city or town) (State or country)  | 11 Eaud   | Other Cantributory Cause of Importance:  | 1908              |
| 13. NAME William H  | mmond   | Name of operation  |                   |
| (State or country)  | - 111 -   | What tast confirmed diagnosist of long of light as there and   | autopsy? 40       |
| 15. MAIDEN NAME  15. BIRTHPLACE (city or town)  (State or country)  | syland  | 23. If daeth was due to external causes (VIOLENCE) fill in also the following Accidant, suicide, or homicide?                          |                   |
| 17. INFORMANT Mone (Addrass)  |   | Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | te)<br>.ACE.      |
| 18. BURIAL, CREMATION, OR BEMOVAL PIECE Landon Park   | Date \$ , 1936  | Manner of injury   |                   |
| 19. UNDERTAKER Harry HI<br>(Addrass) 410/cam  | Milgke onder an   | 24. Wes disaasa or Injury In eny way raleted to occupation of dacaesad?  | no                |
| 20. FILED 19 19   | Ashrelien Registrar.  | (Signad Sila N. Nolliner.  | M. D.             |
| If more bla   | nko Creheling saddron Stare Registrat.                        | , 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.   |                   |

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | Example II   |
|--|--|
| The principal cause of death and related causes . Date of one of importance were as follows: | The principal cause of death and related causes Date of onset of importance were as follows: |
| Arteriosclerosis Q 1815  | Attack of epilepsy 1 week ago  |
| Chronie interstitial nephritis   | Run over by street ear 1 week ago  |
| Cerebral hemorrhage  | Peritonitis 3 days ago   |
|  |  |
| Other contributory causes of importance:   | Other contributory causes of importance:   |
| Gallstones May 148   | 23 Gastroenteritis 1 year  |
|  |  |
|  |  |



N. B.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1 | 1 | 0 | 1 | 11 |
|---|---|---|---|----|
| U | U | 6 | 1 | 4  |

| 1          | . PLACE OF DEATH   |                  |                              |                                    |   | 5 -                |
|------------|--|------------------|------------------------------|------------------------------------|---|--------------------|
| 1          | County Baltimon  | ce               |                              |                                    | Registration Dist. No.  | we.                |
| /          | Village or City Kensi  | ington           |                              |                                    | No. 4211 Fordham Road St., f death occurred in a horpital or institution, give its NAME instead of street and   | Ward               |
|            | Length of rasidence in city or to  | own whare death  | occurred_if                  | e_yrsmos                           | f death occurred in a horpital or institution, give its NAME instead of street and second death of the control | number) nosds.     |
| 2          | . FULL NAME  |                  | nneth J                      |                                    |   |                    |
|            | (a) Residence: No. 42  | ll Fordh         | am Road                      | f abode)                           | St., Ward.  If nonresident give city or town an   | d State            |
|            | PERSONAL AND S   | TATISTICA        | L PARTI                      | CULARS                             | MEDICAL CERTIFICATE OF DEATH  |                    |
|            | Male White   |                  |                              | RIED, WIDOWED, (write the word) 1e | 21. DATE OF DEATH  January 1  (Month) (Day)   | , 193.6<br>(Year)  |
| 5a.        | If married, widowed, or divorcad HUSBAND of (or) WIFE of                           |                  |                              |                                    | 22.   HEREBY CERTIFY, that   attandad   |                    |
|            | NATIONAL AND                                   | Febr             | uary 29                      | . 1924                             | Naer saw h. i.m. alive on 22/ 19 3  | death is sald      |
|            | DATE OF BIRTH (month, day, and y   | Months           | Days                         | If LESS than                       | to have occurred on the date steted abova, at 12.20P m.   | r., ucatii is said |
|            | 11   | 10               | 1                            | I day,hrs.                         | The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance were es follows:  |                    |
| NOI        | 8. Trade, profassion, or particular kind of work done, as SP SAWYER, BOOKKEEPER, e | ar<br>INNER,     | School                       |                                    | Brain, umas   | Date of onset      |
| OCCUPATION | 9. Industry or businass in which work was done, as SILK N SAW MILL, BANK, etc      | 1                |                              |                                    |   |                    |
| 000        | 10. Date deceased last worked at<br>this occupation (month en<br>yeer)             | t<br>d           | 11. Total ti<br>spen<br>occu | me (years)<br>t in this<br>pation  |   |                    |
| 12.        | BIRTHPLACE (city or town)  | Baltimor<br>Marv |                              |                                    | Other Contributory Causes of importence:  | 12/24              |
| ER         | 13. NAME Mario   | on J. Ha         |                              |                                    | Thanan defen  | 12/50/             |
| FATHER     | 14. BIRTHPLACE (city or town) (Stata or country)                                   | Baltim           |                              |                                    | Name of operation   |                    |
| R          |  | elen L.          | 4/                           |                                    | What tast confirmed diagnosis? Was there an   |                    |
| MOTHER     | 16, BIRTHPLACE (city or town)<br>(State or country)                                | Cleve            |                              |                                    | 23. If daath wes dua to external causas (VIOLENCE) fill in also the followin  Accidant, suicide, or homicide? Date of injury  | -                  |
| 17.        | INFORMANT Mr. Mario  | on J. Ha:        | rp                           | •••••••                            | Where did injury occur? (Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P  | ale)<br>LACE.      |
| 18,        | BURIAL, CREMATION, OR REMOV  | AL 11            | Jan.                         | /7 , 19 36                         | Manner of injury  |                    |
| 19.        | UNDERTAKER (Address)   | Balti            | ore st.                      |                                    | 24. Was disease or injury in any way related to occupation of daceased?  If so, specify   |                    |
| 20.        | FILED //3 19.3   | 174              | Cole                         | Registrar.                         | (Signad) Paradise Ave., Catonsvil   | M.D.               |
|            |  | If more blank    | art needed, a                | dres State Registrar,              | 2411 N. Charles Street, Baltimbry Requesting I Store  | ders 134           |

#### UNIT

# ES STANDARD CERTIFICATE OF DEATH

Statement of oc various pursuits can ceased had retired i returned as at scho in answer to Questi however, designate who had no occupat

To be complete

8.—The t 9.—The i 10.—The r statement of occupation is very important, so that the relative healthfulness of some entry in this section for every person aged 10 years or over. If the deport the occupation prior to retirement. Children not gainfully employed may be for a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, the appropriate terms, as servant—private family, cook—hotel, etc. For a person te none.

turn must state:

or particular kind of work done.
ss in which the work was done.
e deceased last worked at the occupation.

ne deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 1110          |                                     | Example II   |               |
|--|---------------|-------------------------------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal ca<br>of importance w | use of death and related causes ere as follows:  | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy                  | And the Contract of the Contra | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street                  | cár ,  | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis                         | 3 14 1   | 3 days ago    |
|  |               |                                     | EE8 + 1000   |               |
| Other contributory causes of importance:                                       |               | Other contribute                    | ry causes of importance:   |               |
| Gallstones   | May 1,1923    | Gastroenteritis                     | ¢  | 1 year        |
|  |               |                                     |  |               |

| 4 |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |

| item  | sho   | Jo   |  |
|---|---|--|--|
| N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of | /  |
| RECOR   | Y. JAT.   | Exact s  |  |
| MANENT  | ACTL  | assified.  |  |
| A PER   | ed EX   | perly cl   | ficate.  |
| SIS   | e stat  | prop   | f certi  |
| -THI  | onld be   | may be   | oack of  |
| NII 5   | GE she  | nat it   | s on I   |
| ADIN  | A. be   | s, se tl   | ruction  |
| UNF   | supplie   | n term   | ee inst  |
| WITH  | efully  | in plai  | ant. S   |
| INLY,   | be car  | EATH   | import   |
| E PLA   | plnods  | OF D   | s very   |
| WRITI   | nation  | AUSE   | TION is very important. See instructions on back of certificate. |
| I. B.   | H   | 7  |  |
| 4   |   |  |  |

# STATE OF MARYLAND—CERTIFICATE OF DEATH

00215

| 1. PLACE OF DEAT                                     | H               |                   |                  | (82-0)   |                   |  |
|--|-----------------|-------------------|------------------|--|-------------------|--|
| County Baltimore                                     |                 |                   |                  | Registration Dist. No. 4   | -38               |  |
| Village or City                                      | owson, 1        | Mary land         |                  | No. Sheppard and Enoch Pratt Hospi   |                   |  |
| Longth of regidence in altu                          | as town where d | and annual        |                  | death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?yrs              |                   |  |
| 11   |                 | 1                 | 0                |  | IIIOS             |  |
| 2. FULL NAME   | AUSER           |                   | r Keed           | If U.S. Veteran, specify WAR   |                   |  |
| (a) Residence: No. 2                                 | 1486            | (Usual place of   | f shode)         | St., Ward.  If nonresident give city or town a   | nd State          |  |
| PERSONAL AND   | STATISTI        |                   |                  | MEDICAL CERTIFICATE OF DEATH   |                   |  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, |                 | 21. DATE OF DEATH |                  |  |                   |  |
| Temale WI  | ute             | OR DIVORCED       | (write the word) | January (Month) (Oay)  | (Year)            |  |
| 5a. If married, widowed, or divorce                  | ed              |                   |                  | (,   |                   |  |
| (or) WIFE of Trede                                   | rick Ha         | user (            | Decease 2)       | January 14 1936 to January 7   |                   |  |
|  | A.              |                   | 1891             |  | 6; death is said  |  |
| 6. DATE OF BIRTH (month, day, 7. AGE Years           | Months          | arch 4            | If LESS than     | to have occurred on the date stated above, at. 1931  | e_; death is said |  |
| 44   | 10              | 21                | 1 day,hrs.       | The PRINCIPAL CAUSE OF DEATH and related causes of importance  |                   |  |
| 8. Treda, profession, or part                        |                 | 1 21              | ormin.           | were as follows:   | Oate of enset     |  |
| kind of work done, as<br>SAWYER, BOOKKEEP            | SPINNER,        | tousew            | ite              | Come lack hemorrhage   | 10-62             |  |
| 9. Industry or business in                           | vhich           |                   |                  |  | 1435              |  |
| work was done, as SII SAW MILL, BANK, etc            |                 |                   |                  | -  | Jul-datha         |  |
| tina occupation (mont                                | ed at<br>h and  |                   | t in this        |  |                   |  |
| year)  | 0 14            |                   | pation           | Other Centribatery Causes of importance:   |                   |  |
| 12. BIRTHPLACE (city or town)                        | -10000          | move,             |                  | 0  |                   |  |
| (State or country)                                   | 1               | 7                 |                  | Drencho meumana  | Jan 1             |  |
| 13. NAME William  14. BIRTHPLACE (city or tow        | m h.            | Keed              |                  |  | 11.13.51          |  |
| 14. BIRTHPLACE (city or tow<br>(State or country)    | Penns           | ylvani            | <i>c.</i>        | Name of operationOate of   |                   |  |
|  | •               | 0                 |                  | What test confirmed diagnosis?   |                   |  |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or tow         | VVIC            | Burch             |                  | 23. If death was dua to external causes (VIOLENCE) fill in also the follow   |                   |  |
| O 16. BIRTHPLACE (city or town) VIVA 1916            |                 |                   |                  | Accident, suicida, or homicide?, 19, 19, 19  |                   |  |
| Manufact December                                    |                 |                   |                  | Where did Injury occur? (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |                   |  |
| 17. INFORMANT (Address)                              | brear M         | ecords            |                  | Specify whather injury occurred in thousand, in home, of in Poblic   | LACE,             |  |
| 18. BURIAL CREMATION, OR RE                          | MOVAL (         | 7 2 -             | _                | Manner of injury   |                   |  |
| Placettake   | max             | Oate year         | 28.,193/         | Natura of Injury   |                   |  |
| 19. UNOERTAKER                                       | 11              | al al             | 7 11.            | 24. Was disease or Injury in any way related to occupation Deceased?   |                   |  |
| (Address)  | 15              | 1/12              | tul Il           | If so, specify All Anti-   | 1//               |  |
| 20. FILEO 1/26 19                                    | 36 6            | a F               | 1-m0             | (Signed) Arthur B. Pettrell. W. I  | )M. D.            |  |
| 20, 116011-4-1-021, 13                               | U-V/- (/- +     |                   | Registrar.       | (Address) . Towson . Maryland  |                   |  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

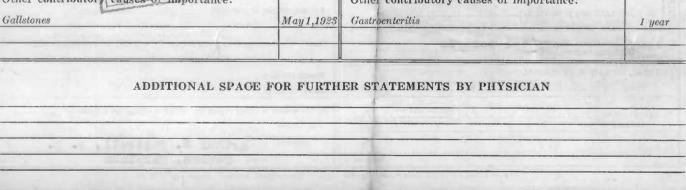
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| Example 1  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstition nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage 1934   | July 5,1927   | Peritonitis  | 3 days ago    |
| BUREAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |



PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

TION is very important.

of OCCUPA-

Exact statement

# STATE OF MARYLAND-CERTIFICATE OF DEATH

| 0 | 1 | 0 | 4 | 13 |
|---|---|---|---|----|
| U | V | 6 | 1 | 6  |

| 1. PLACE OF DEATH ,   | JAN'  |
|---|---|
| County Baltimore  | Registration Dist. No.  |
| Village or City Owings mills, Md.  Length of residence in city or town where daath occurred 3 yrs. 7 mo   | No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  os. 12 ds. How long in U.S. If of foreign birth? yrs. mos. ds.                      |
| 2. FULL NAME many Laure Hedrick   |   |
| (a) Residence: No. Felkton, maryland (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  | 21. DATE OF DEATH  (Month) (Day) (Year)   |
| 5a. if married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) Jan. 10, 1924.  7. AGE Years Month Days if LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. SELECTION (Comparison) Married State or country) Clear County, R. T. D.  12. BIRTHPLACE (city or town) Clear County, R. T. D. | 22. I HEREBY CERTIFY. That I attanded deceased from  an. 6, 1936, to fan 10, 1936  I last saw h. ex. alive on fan. 10, 1935; daath is said to have occurred on the date stated above, at 2 4 m. |
| 13. NAME Cleil Hedrick  14. BIRTHPLACE (city or town) (State or country)  Cleil County, Med.  | Name of operation   |
| 15. MAIDEN NAME Mary Christopher  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Institutional Records (Address)  (Address)  (Address)  (Address)  (Address)   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?   |
| 18. BURIAL, CREMATION, OR REMOVAL Place Clater 15 Date 3 , 1936   | Manner of injury  |
| 19. UNDERTAKER A Le Seppin 9 Jons one, (Addrass) Chatan mi  | 24. Was disaase or injury In any way related to occupation of decaasad? No.   |
| 20. FILED Javey 11., 19.36. A. M. Slade Registrat.  | (Signad) JAMY 9. Bufler M. D. (Address) (Awings mills, ma,  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

S

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) \_\_\_\_

| -                              | No Douth Point Rd St., Ward leath occurred in a hoppital or institution, give its NAME instead of street and number)   |
|--------------------------------|--|
| -                              | ds. How long in U.S. It of foreign blrth?yrsmosds.   |
| 7                              | If U. S. Veteran, specify WAR  |
| I                              | MEDICAL CERTIFICATE OF DEATH   |
|                                | 21. DATE OF DEATH fan 9 - 193 6 (Yaar)   |
|                                |  |
| -                              | 22. I HEREBY CERTIFY That I attended deceased from 2, 1935; to Jan 9, 1936   |
| 244                            | I last saw but alive on  |
|                                |  |
| A STATE OF THE PERSON NAMED IN | wera as tollows: Date of onset   |
| 200000                         | Carcinoma 7 over 1935  |
|                                |  |
|                                |  |
| The same                       |  |
| -                              | Other Coatributory Causes of importance:   |
| -                              | me   |
| -                              |  |
| -                              |  |
| -                              |  |
| -                              | What test confirmed diagnosis? Was there an autopsy? Mo  |
|                                | 23. If death was due to external causes (VIOL ENCE) fill in also tha following:  |
|                                | Accident, suicide, or homicide? Date of injury, 19   |
| -                              | Where did injury occur? (Specify city or lown, county and State)   |
| -                              | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| -                              | occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. It of toreign blrth?  If U.S. Veteran, specify WAR  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  I HEREBY CERTIFY That I attended deceased from (Vaar)  I HEREBY CERTIFY That I attended deceased from 1935; to 1936; death is said have occurred on the data stated above, at 1936; death is said have occurred on the data stated above, at 1936; death is said have occurred on the data stated above, at 1936; death is said have occurred on the data stated above, at 1936; death is said have occurred on the data stated above, at 1936; death is said have occurred on the data stated above, at 1936; death is said have occurred on the data stated above, at 1936; death is said have occurred on the data stated above, at 1936; death is said have occurred on the data stated above, at 1936; death is said have occurred on the data stated above, at 1936; death is said have occurred on the data stated above, at 1936; death is said have occurred importance:  Occurred on the data stated above, at 1936; death is said have occurred in inportance:  Occurred on the data stated above, at 1936; death is said have occurred in inportance:  Occurred on the data stated above, at 1936; death is said have occurred in inportance:  Occurred on the data stated above, at 1936; death is said have occurred in inportance:  Occurred on the data stated above, at 1936; death is said have occurred in inportance:  Occurred on the data stated above, at 1936; death is said have occurred in inportance:  Occurred on the data stated above, at 1936; death is said have occurred in inportance:  Occurred on the data stated above, at 1936; death is said have occurred in inportance:  Occurred on the data stated above, at 1936; death is said have occurred in inportance:  Occurred on the data stated above, at 1936; death is said have occurred in inportance:  Occurred on the data stated above, at 1936; death is said have occurr |
|                                | Mannar of Injury   |
|                                |  |
|                                | 24. Was disease or injury In any way related to occupation of deceased?  |
|                                | It so, specity August har harber MD  |
|                                | (Signed) Dawson Lo. Harber M.D.  |

mation should be carefully

WRITE PLA

MOTHER

15. MAIDEN NAME

(Address)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

very important.

LION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| BUREAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICL | AN |
|------------|-------|-----|---------|------------|----|---------|----|



# STATE OF MARYLAND-CERTIFICATE OF DEATH

00218

| 1. PLACE OF DEATH   |  | (8x-a)   |
|---|--|--|
| County Callympre  |  | Registration Dist, No. 4 3   |
| Village or City Kaskerung   |  | Not Cormick & Hogolwood CW Wat   |
| Length of residence in city or town where death of  | 74   | f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosd |
| 2. FULL NAME/Lilliam  | Senson   | If U.S. Veteran specify WAR  |
| (a) Residence: No. M. Corms   | CKY /Vazelu<br>(Usual place of aboye)                | Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL  | L PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
|   | INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) | 21. DATE OF DEATH An. (Day) (Year)   |
| a. If merried, widowed, or divorced   |  | (tour)   |
| HUSBAND of<br>(or) WIFE of  |  | 22. I HEREBY CERTIFY That Lattended decessed from 19.35 to Jan 19.35   |
| . DATE OF BIRTH (month, day, end year) Vnk  | 1871   | I last saw h alive on  |
| AGE Years Months  | Days If LESS than                                    | to have occurred on the date stated above, at 2 m.   |
| 65  | 1 day,hrs.<br>ormin.                                 | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:   |
| 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc   | rer  | Date of one 13-2   |
| 9 Industry or business in which work was done, as SILK MILK SAW MILL, BANK, etc.  | lese Hork  |  |
| kind of work done, as SPINNEB SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (mg/th page) | 1. Total time (years) spent in this                  |  |
| year) year)   | ocaupation   | Other Contributory Causes of importance:   |
| 2. BIRTHPLACE (city or town)  | yton   | Other Centributery Causes of Importance.   |
| 13. NAME Unknown  |  |  |
| 14. BIRTHPLACE (city or town)   | run  | Name of operation Date of  |
| (State of country)  | m  | What test confirmed diagnosis? Paraly Was there an aulopsy?  |
| 15. MAIDEN NAME VINCOUS  16. BIRTHPLACE (city or town) VINCOUS  (State or country)  | ^  | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 16. BIRTHPLACE (city or town)   | own  | Accident, suicide, or homicide?  |
| (State or country)  | The same   | Where did injury occur?(Specify city or town, county and State)  |
| 7. INFORMANT COMPANY MIL<br>(Address) Raskeburg   | chling   | Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.  |
| 8. BURIAC, CREMATION OR REMOVAL   | Jan. 4th , 1926                                      | Manner of injury   |
| 9. UNDENTARE Trederick Se sal   | mytoris  | 24. Wes disease or injury in any way related to occupation of deceased? ho   |
| (Addiess) 740/03 eVajvo<br>20, FILED // 3 , 1936 /2 1   | a. Fish M.O. Registrar.                              | (Signed) A Good Gelas M  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

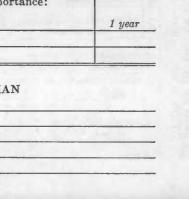
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I.   |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis FFB 1 1936  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| pro-   | 2             |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |





# STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | (1037)  |
|--|---|
| County Baltimore   | Registration Dist. No.  |
| Village or City Catansville  | No. St Ward   |
| Length of residence in city or town where daath occurred 5 vrs 6 mos   | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foraign birth? |
| 2. FULL NAME Grizelda Amanda (Seat   | Heslen  |
|  |   |
| (a) Residence: No. Caturs VI / Le. Md (Ulual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| S. SEX  4. COLOR OR RACE  Female  White  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Widow ed   | 21. DATE OF DEATH    Part   193.6   |
| 5a. If marriad, widowed, or divorced   | (Month) (Day) (Year)  |
| HUSBAND of Lewis Buckner Heslep  | 22.   HEREBY CERTIFY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and vaar) APril \$5 1843   | I last saw h sa alive on the flow 3/ , 19 ; death is said   |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at   |
| 99 8 1/ Iday,hrs.  | The PRINCIPAL CAUSE OF DEATH and ralated causas of importance   |
| 8 Trade profession or particular   | wara as follows:  Date of onset   |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  | acute Branchtis July Dec 10 143   |
| 9. Industry or business in which   | - Carrier 19, 193   |
| work was done, as SILK MILL, SAW MILL, BANK, atc   |   |
| O 10. Date deceased last worked at this occupation (month and year)  |   |
|  | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town) / Fenton 1ehh.  (State or country)   | Assabatag   |
| 13 NAME Canto Robert Boat  | ļ   |
| E N. FLO   |   |
| (State or country)   | Name of operation Date of   |
| 15. MAIDEN NAME MARTHO GILCHTIST   | What test confirmed diagnosis? Isby I was there an au'opsy? A   |
| E TANK THE T | 23. If daath was dua to external causes (VIOLENCE) fill In also tha following:  |
| O 16. BIRTHPLACE (city or town) NOFTH Cafalina (State or country)  | Accident, suicide, or homicide?   |
| CV Hagan   | (Specify city or town, county and State)  |
| 17. INFORMANT (Address) Continue Millo Mid   | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury  |
| Place friday Unit Date 122 - 1930  | Netura of Injury  |
| 10 March 24. M. Jerekurs Co.   | 24. Was disease or injury in any way ralated to occupation of dacaased?   |
| 19. UNDERTAKER A CADE (Address)  | Office, specify   |
| Source Source State of the stat | (Signad) Raht B Taylor M.D.   |
| 20. FILED Registrat.   | (Addrass) Catonsville, md   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1000  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstilial nephralis B   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

PHYSICIANS should state Exact statement of OCCUPA-D. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACPLY. properly classified. FOR BINDIN MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. -WRITE PLA

V. S. No. 1 N. B.—

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH (10221)  |
|--|---|
| 1. PLACE OF DEATH  |   |
| County Callman   | Registration Dist. No.  |
| Village or City (D) Zulnew (C).  | death occurred in a hospitator institution, give its NAME instead of street and number) |
|  | ds. How long in U.S. if of foreign birth?yrsmosds.                                      |
| 2. FULL NAME Hancy fill  | - April   |
| (a) Residence: No. & Center so Luisne  | e Status Ward.  |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS  | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH                |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH   |
| OR DIVORCED (write the word)   | Jan 26-193 P  |
| ba. If married, widowed, or divorced HUSBAND of  | (Month) (Day) (Year)  |
| (or) WIFE of Thanyfound. Hell  | 22. I HEREBY CERTIFY, That I attended declased from                                     |
| 6. DATE OF BIRTH (month, day, and year) Feb 26 - 1884  | I last saw h. L. alive on Yan & 6 / 39 6 death Is said                                  |
| 7. AGE Years Months Days If LESS than 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:          |
| 8 Trade profession or particular   | Oate of offset  |
| kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc  | Clercinona of right wife  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and | lucast  |
| 10. Oate deceased last worked at this occupation (month and year)  |   |
| 12, BIRTHPLACE (city or town) + Senowich Co Qa,  | Other Coutributory Causes of Importance:  |
| (State or country)   |   |
| 13. NAME Freeman Tires).   |   |
| 13. NAME Heligian (Tire 70).  14. BIRTHPLACE (city or town) Danner Will leo Va.  | Name of operation   |
| (State of County)  | What test confirmed diagnosis? Was there an au'opsyntage                                |
| 15. MAIDEN NAME MANAGE (city or town) 16. BIRTHPLACE (city or town) 16. State or country)  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:         |
| 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Date of injury, 19                                      |
| (State or country)   | Where did injury occur? (Specify city or town, county and State)                        |
| 17. INFORMANT (10 LOV B) Trinda of attern (Address) Central Curry & Station  | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.               |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury  |
| Place Thillofile La Date X Mary 1936   | Nature of injury  |
| 19. UNDERTAKER/1/25 / Solid A. Ellieth Claughtes.  | 24. Was disease or injury in any way related to occupation of deceased?                 |
| 20. FILES CUE. 27 7, 1876 4 Proformies in Registrar.   | (Signed) Advonas (M. O  |
|  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                              |

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|  | Example 1                               |               | Example II   |               |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                       | RECEIVED.                               | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis         |   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                    | FEB 4                                   | July 5, 1927  | Peritonitis  | 3 days ago    |
|  | BUNEAUV                                 |               |  |               |
| Other contributory                     | causes of importance:                   |               | Other contributory causes of importance:                                       |               |
| Gallstones                             |   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |   |               |  |               |
|  |   |               |  | 1             |

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforbe properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

MARGIN RESERVED FOR BINDIN

V. S. No. 1

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. STATE OF MARYLAND-CERTIFICATE OF DEATH

| Village or City Mean Hollwork  No.  No.  No.  No.  No.  No.  No.  No   | :    | L PLACE OF   | F DEATH                             |             |   | (154)  |                 |
|--|------|--|-------------------------------------|-------------|---|--|-----------------|
| Village or City Near Hollrook  If death occurred in a benjois to institution, give in NAME instead of steet and aumber)  Langth of residence in city or town where death occurred.  Jr. Most.  2. FULL NAME Charles Let Hodges  (a) Residence: No.  (b) Residence: No.  (c) If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. OR DIVORCED (write the word)  5. If married, widowed, or divorced MUSSAND or Organization of the State of Country or North Head of State or Country or Language of the State of Country or Language of State or Country or Language of Language | 1    | County   | Balling                             | ua.         |   | Registration Dist. No. 3/  |                 |
| Ciff death occurred in a hospital or insultancy, age in NAME instead of street and number)  Langth of residence in city or town where death occurred  yrs. mos. Jo. ds. How long in U. S. I of tereign birth?  yrs. mos. ds.  1 U. S. Veteran, specify WAR.  (a) Residence: No.  (business of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED  OR DIVORCED (write the word)  S. II married, widowed, or divorced  Will Shall be an included deceased from 19.3 by 1 day. hrs.  1 HER EBY CERTIFY. That I altended deceased from 19.3 by 1 day. hrs.  10. 1 day. hrs.  10. 1 day. hrs.  10. 1 day. hrs.  1 itst saw hosses after on. Je. S. J.  |      | Village or C   | ity near Hol                        | brooks      |   | No. St.  | Ward            |
| 2. FULL NAME Charles bee Hodges  (a) Residence: No.  (Charles bee Hodges  (Charles bee Hodges  (Charles bee Hodges  (Charles been Ho |      | Langth of so-1   | damas Im alternation is             |             | (If                                     | death occurred in a hospital or institution, give its NAME instead of street and   | number)         |
| (a) Residence: No.  (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Colored  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  SP. II married, widowed, or divorced (or) WIFE of  |      |  |                                     |             |   | J.Das. How long in U.S. 17 of foreign birth?yrsr   | nosds.          |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Colored  S. SINCLE MARRIED, WIDOWED OR DIVORCED (write the word) OR DIVORCED (write the word) Or (Worth)  21. DATE OF DEATH  22. I HE RE BY C ER T I FY, That I attended deceased from 19.3% (Wonth)  7. AGE  Years  Months  Days  If LESS than I day,   | 1    | 2. FULL NAI  | ME Charles                          | DEE Hodd    | 25                                      | If U. S. Veteran, specify WAR  |                 |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Colored  OR DIVORCED (write the word)  5a. If married, widowed, or divorced 10 (Month)  10 (Month)  10 (Month)  11 HER EBY CERTIFY, That I attended deceased from 12 Jan. 1, 19.3%.  13 Jan. 1, 19.3%.  15 Last saw harm. slive on D. 1. 2. 3. 19.3%. 1, 19.3%. 1 death is said 15 to perfect the country of the date stated above, at. 1. 9.3%. 1 more of more or an autopsy.  13 January or business in which 15 January or business in which 16 January or business in which 17 January or business in which 18 January or business in which 19 January or business in which 20 January or business in which 21 January or business in which 22 January or business in which 23 January or business in which 24 January or business in which 25 January or business in which 26 January or business in which 27 January or business in which 28 January or business in which 29 January or business in which 29 January or business in which 20 January or business in which 20 January or business in which 20 January or business in which 21 January or business in which 22 January or business in which 23 January or business in which 24 January or business in which 25 January or business in which 26 January or business in which 27 January or business in which 28 January or business in which 29 January or business in which 29 January or business in which 20 January or business in which 20 January or  |      | (a) Residen  | ce: No                              | 777-17      | C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |                 |
| 3. SEX COLOR OR RACE OR DIVORCED (write the word)  21. DATE OF DEATH  22. 1936  (Month) (Osy) (Year)  23. If married, widowed, or divorced (Cot) Wrife of  24. DATE OF BIRTH (month, day, and year) December 23 1936  6. DATE OF BIRTH (month, day, and year) December 23 1937  7. AGE Years Months Days If LESS than 1 day  | 2000 | PERSON   | AL AND STATIST                      |             |   |  | d State         |
| Male colored OR DIVORCED (write the word)  5.9. If married, wildowed, or divorced HUSBAND of O(n) WIFE of  CO) WIFE of  6. DATE OF BIRTH (month, day, and year) DICLUMA 23 1932  7. AGE Years Months Days If LESS than 10 1 day  | 3.   |  |                                     |             |   |  |                 |
| 5. If married, widowed, or divorced HUSARUB of Corp. What I attended deceased from Corp. Wiley six of Corp.  | n    | nale   | colored                             |             |   | January 2  | 1936            |
| Cory WHE of  Cory Whe of was a cory and year)  December 23 /932 to 219.36. death is said to have occurred on the date stated above, at . 7.302 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Savery R. BOUNKEPEPR et et.  Savery R. BOUNKEPEPR et et.  Savery R. BOUNKEPEPR et.  Savery R. BOUNKE Was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year) post-in in this occupation (month and year)  Other Coarribatery Causes of importance:  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury  Name of injury  19. UNDERTAKER  Address)  Manner of Injury  19. UNDERTAKER  Address)  Manner of Injury  20. FILED Act 2 19.36.  Savery Sit State or country in any way related to occupation of decessed?  If so, specify  (Signed)  Manner of Injury  Signed)  Manner of Injury in any way related to occupation of decessed?  If so, specify  (Signed)  Manner of Injury  (Signed)  Manne |      |  | ed, or divorced                     | 1           |   | (Month) (Day)  | (Year)          |
| 6. DATE OF BIRTH (month, day, and year) December 23 1932  7. AGE  Years  Months  Days  ILESS than 10 1dayhrs. ormin.  8. Trade, profession, or particular Kind of work dome as SPINNER, SAM MILL BANK, etc.  10. Date of onset  SAW MILL BANK, etc.  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  Manuel  13. NAME  Libert Hall BirthPLACE (city or town) (State or country)  Manuel  14. BIRTHPLACE (city or town) (State or country)  Manuel  15. MAIDEN NAME  Libert Hall  16. BIRTHPLACE (city or town) (State or country)  Manuel  17. INFORMANT  Manuel  18. BURIAL, GREMATION, OR REMOVAL Place Thurst  Cernallery Date  January  Manner of injury  Nature of injury  (Signed)  Manner of injury  (Signed)  Manuel  (Signed)  Manuel  Manner of Manuel  (Signed)  Manuel  (Signed)  Manuel  Ma             |      | (or) WIFE of   | _                                   |             |   |  |                 |
| 7. AGE  Years  Months  Days  If LESS than 1 dayhrs. or   | 91   |  | 3                                   | D           | 10 100 -                                |  | , 19.36.        |
| 8. Trade, profession, or particular hind of work done, as SPINNER, SAMPER, BORKEPER, etc.  9. Indiustry or business in which was spent in this | -    |  | month, day, and year,               | 1           |   |  | ; death is said |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOKKEPER, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) Man Hollwork Ballo Co (State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Turnal  (Address)  19. UNDERTANER  (Address)  19. 34. Wark Smartin  19. UNDERTANER  (Signed)  Manner of injury  Nature of injury in any way related to occupation of deceased?  If so, specify  (Signed)  Manner of injury in any way related to occupation of deceased?  If so, specify  (Signed)   | 7.   | AGE Yea  | rs Months                           | 1 1 1       |   | The state of the s |                 |
| SWYER, BOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  Thirdy  18. BURIAL, CREMATION, OR REMOVAL Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. 34. Warner  19. UNDERTAKER  (Signed)  10. Date of mining way related to occupation of deceased?  (Signed)  19. UNDERTAKER  (Signed)  19. UNDERTAKER  (Signed)  19. UNDERTAKER  (Signed)  10. Date of mining way related to occupation of deceased?  (Signed)  19. UNDERTAKER  (Signed)  19. UNDERTAKER  (Signed)  10. Date of mining way related to occupation of deceased?  (Signed)  10. Date of mining way related to occupation of deceased?  (Signed)  10. Date of mining way related to occupation of deceased?  (Signed)  10. Date of mining way related to occupation of deceased?  (Signed)  10. Date occupation  11. Total time (years)  Spent in this occupation  Other Ceutributery Causes of importance:  Other Ceutributery  Other Ceutributery Causes of importance:  Other Ceutributery  Other Ceut |      | 1  |                                     | 1           | ormin.                                  | were as follows:   | Date of onset   |
| 12. BIRTHPLACE (city or town) May Holbork Ballo Co (State or country) May  13. NAME  14. BIRTHPLACE (city or town) (State or country) May  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. Where Smartin  Other Coutributery Causes of importance:  Other Coutributery  Manuer of operation  Other Coutributery  Other Coutributery  Matter of operation  Other Coutributery  Name of operation  Other Coutributery  Matter of operation  Other Coutributery   | NO   | 8. Frade, profession, or particular kind of work done, as SPINNER, |                                     |             |   | Tremature birth  |                 |
| 12. BIRTHPLACE (city or town) May Holbork Ballo Co (State or country) May  13. NAME  14. BIRTHPLACE (city or town) (State or country) May  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place Thirate Censulary  19. UNDERTAKER  (Address)  19. Where did injury  Manner of injury  Manner of injury  Nature of injury  Nature of injury in any way related to occupation of deceased?  16. Specify  Manner of injury  Nature of injury  Na | ATI  | 9. Industry or   | husiness in which                   |             |   |  |                 |
| 12. BIRTHPLACE (city or town) May Holbork Ballo Co (State or country) May  13. NAME  14. BIRTHPLACE (city or town) (State or country) May  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. Where Smartin  Other Coutributery Causes of importance:  Other Coutributery  Manuer of operation  Other Coutributery  Other Coutributery  Matter of operation  Other Coutributery  Name of operation  Other Coutributery  Matter of operation  Other Coutributery   | SUP  | SAW MIL  | done, as SILK MILL,<br>L, BANK, etc |             |   |  |                 |
| Other Contributory Causes of importance:  12. BIRTHPLACE (city or town). Man. Hollwork Ballo Co (State or country)  13. NAME James Jaims  14. BIRTHPLACE (city or town). (State or country)  15. MAIDEN NAME Jucielle Hodges  16. BIRTHPLACE (city or town). (State or country)  17. INFORMANT Mary Hodges  18. BURIAL, CREMATION, OR REMOVAL Place. Trivals Ceruellay Date James 4, 1936.  18. BURIAL, CREMATION, OR REMOVAL Place. Trivals Ceruellay Date James 4, 1936.  19. UNDERTAKER James 3, 1936 War & Markey Causes of importance:  Other Country Other Causes of importance:  Other Country Causes of importance:  Other Causes of im | Ö    | 10. Date decease   | ed last worked at pation (month and | 11. Total t | ime (years)<br>nt in this               |  |                 |
| 12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  Thirals  Cencellery  Date  Jane   | -    |  |                                     | occ         | pation                                  | Other Contributery Course of importance  |                 |
| 13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Thirty  Ceruelery  Date  Jan  Jan  Manner of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  Concepts  Manner  M | 12.  |  |                                     | olbrook     | Ballo Co                                | out of the state o |                 |
| What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mary Isolates (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Thirate Ceruelery Date fam 4, 1936  19. UNDERTAKER Family (Address)  19. UNDERTAKER Family (Address)  19. UNDERTAKER Smarriotts sele mg  20. FILED fam 3, 1936 Wm & martin  What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Was disease or injury in any way related to occupation of deceased? If so, specify Martiny  M. D.   | ~    | (State or coun   | itry)                               | nel         |   |  |                 |
| What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mary Isolates (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Thirate Ceruelery Date fam 4, 1936  19. UNDERTAKER Family (Address)  19. UNDERTAKER Family (Address)  19. UNDERTAKER Smarriotts sele mg  20. FILED fam 3, 1936 Wm & martin  What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Was disease or injury in any way related to occupation of deceased? If so, specify Martiny  M. D.   | HER  | 13. NAME   | James F.                            | Jaims       |   |  |                 |
| What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mary Isolates (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Thirate Ceruelery Date fam 4, 1936  19. UNDERTAKER Family (Address)  19. UNDERTAKER Family (Address)  19. UNDERTAKER Smarriotts sele mg  20. FILED fam 3, 1936 Wm & martin  What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Was disease or injury in any way related to occupation of deceased? If so, specify Martiny  M. D.   | AT   |  |                                     |             |   | Name of operation Date of_   |                 |
| Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manuabelts will make the place of injury  Place Trivate Cerceleary Date fam 4, 1936  19. UNDERTAKER family  (Address)  Manner of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER family  (Address)  Marriotts rele md  (Signed)  M. D.  | -    |  | 9                                   | ng          |   | What test confirmed diagnosis? Was there an  | autopsy?        |
| Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manuabelts will make the place of injury  Place Trivate Cerceleary Date fam 4, 1936  19. UNDERTAKER family  (Address)  Manner of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER family  (Address)  Marriotts rele md  (Signed)  M. D.  | HE   | 15. MAIDEN NAI   | ME Succel                           | - Hong      | rg                                      | 23. If death was due to external causes (VIOLENCE) fill in also the following  | ig:             |
| Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manuabelts will mod  18. BURIAL, CREMATION, OR REMOVAL  Place Trivate Cerceleary Date fam 4, 1936  Manner of injury  19. UNDERTAKER family  (Address)  Manuabelts will mod  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER  (Address)  Manuabelts  (Address)  Manuabelts  (Signed)  M. D.  | MOJ  |  |                                     | 20          | )<br>                                   |  | , 19            |
| 17. INFORMANT Mary 15 to 18. Warned by ville mod  18. BURIAL, CREMATION, OR REMOVAL Place Trivale Cercellery Date Jan 4, 19-36.  19. UNDERTAKER family (Address) Marriotto ville mod  20. FILED Jan 3, 19-36. Wom & Martin  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER family (Signed) Mary 19. Marking M. D.  |      |  |                                     | ny          |   | (Specify city or town, county and St.  | ate)            |
| 18. BURIAL, CREMATION, OR REMOVAL  Place Trivate Cercelery Date Jan 4, 1936  19. UNDERTAKER family  (Address) Marriottscele mg  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) Marting  Manner of injury  Nature of injury  Manner of injury  Nature of injury  Nature of injury  (Signed) Marriottscele mg  (Signed) Marriottscele mg  M. D.   | 17.  |  | V                                   | gis         |   | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC P   | LACE.           |
| Place Thirate Cercellary Date Jan 4 , 19-36.  19. UNDERTAKER Family (Address) Marriottsiele md  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) Marty  M. D.  | 18.  |  |                                     | abels fill  | - ma                                    | Managed  |                 |
| 19. UNDERTAKER family (Address) Marriottoriale and  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) Marting  M. D.  |      | -  | - 0                                 | 1Date_bas   | 4 1936                                  |  |                 |
| (Address) marriotts rele md If so, specify 20. FILED Jan 3 1936 Wm & martin (Signed) Mm & Marting M. D.  |      |  | Lassie.                             |             |   |  |                 |
| 20. FILED Jan 3 1936 Wom & martin (Signed) Marty M. D.   | 19.  |  | marriotts                           | ville m     | d                                       |  |                 |
| ZU, FILED PER STATE OF THE STAT | 20   | EU ED AAA  | 3 1034- 7                           | Dow & ma    | ation                                   | 4 2 711  |                 |
|  | 20.  | 11120  | 19.50                               | 2011.011.01 | Registrar.                              | (Address) Candallston  | nd              |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|--|---------------|
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributors causes of importance: S.                                    | 2.50          | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Cate of enset

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Evample I

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example 1  | hi            | DXAMPIC II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage 1936   | July 5, 1927  | Peritonitis  | 3 days ago    |  |
| RUPEAU V. S.   | 1.3           |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               | 70.00  |               |  |
|  |               |  |               |  |

V. S. No. 1

| STATE OF MARYLAND   | CERTIFICATE OF DEATH 00222  |
|---|---|
| 1. PLACE OF DEATH   | 37 3  |
| County Deltimore  | Registration Dist. No. 44   |
|   |   |
| Village or City Chase   | (If death occurred in a hypital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrs   | _mosds. How long in U. S. if of foreign birth?yrsmosds.                                     |
| 2. FULL NAME Mary Holdork   | If U.S. Veteran specify WAR   |
| 5/11  | Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE  |   |
| OR DIVORCED (write the wor  |   |
| Hemale While married  | (Month) (Day) (Yeer)  |
| 5a. If married, widowed, or divorced HUSBAND of   | 22. / I HEREBY CERTIFY That I attended deceased from  |
| (or) WIFE of John Holdors   | September - 21 at 1935 to lan - 3 1936  |
| 6. DATE OF BIRTH (month, day, and year) Dec. 11th 1861  | I last saw her alive on November 14 1935 deeth is said                                      |
| 7. AGE Years Months Days If LESS th   | to have occurred on the date stated above, at 430 Q.m.                                      |
| 1 day,  | THE TRINCITAL CAUSE OF DEATH and related causes of importance                               |
| 8. Trede, profession, or particular   | Cancer & Enternal nose Date of orset  |
| kind of work done, as SPINNER, at forme   | meder line  |
| 9. Industry or business In which  |   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and company).  |   |
| 10. Date deceased last worked at this occupation (month and / 9, 7, 7)  |   |
| year) occupation  | Other Contributory Causes of importance;  |
| 12. BIRTHPLACE (city or town) Buttimare   | Other Continues of Importance.  |
| (State or country) maryland   |   |
| 13. NAME I dans Jammen Selser   |   |
| 13. NAME dan Johnson  | Name of operation Date of   |
| 14. BIRTHPLACE (city or town)   | What test confirmed diagnosis? Was there an autopsy? If a                                   |
| W 15. MAIDEN NAME Make arether Chints   |   |
| E CONTRACTOR  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:             |
| 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide?   |
| 1 / le la   | Where did Injury occur? (Specify city or town, county and State)                            |
| 17. INFORMANT TO CALL | Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.                   |
| (Address) (Mase 118. BURIAL CREMATION, OB REMOVAL   | Manner of Injury  |
| Place Dinity Cometery Date Jan. 6 - 19  | Nature of injury  |
| OB I WHOU DO  |   |
| 19. UNDERTAKER STEAMENT CONTROL TO STEAM OF THE STEAM OF | 24. Was disease or injury in any way related to occupation of deceased? 150                 |
| (Address) 740/ ABEVair Road   | If so, specify  |
| 20. FILED JOHN . 4 , 19 38 John Dame  | (Signed) Tours in Ind   |
| Registro  | (Modress) Vousion, Ma.  |

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |  |               | Example II   |                           |  |
|--|--|---------------|--|---------------------------|--|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis |  | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |  |
| Chronic interstitial nephrita  | 8  | 1921          | Run over by street car   | 1 week ago                |  |
| Cerebral hemorrhage  | BEREAU V. S  | July 5,1927   | Peritonitis  | 3 days ago                |  |
|  | A STATE OF THE STA | · Constant    |  |                           |  |
| Other contributory caus  | es of importance:  | - 3 = O T 1   | Other contributory causes of importance:   |                           |  |
| Gallstones   | ally and publications  | May 1,1923    | Gastroenteritis  | 1 year                    |  |
|  |  |               |  |                           |  |
|  |  |               |  |                           |  |

|              |   | CERTIFICATE OF DEATH  |
|--------------|---|---|
|              | 1. PLACE OF DEATH   | 23  |
| 1            | County Sagemon  | Registration Dist. No. 42   |
| /            | Village or City Rosemont  | NoSt.,Ward  |
| /            |   | death occurred in a hospital or institution, give its NAME instead of street and number)  |
|              | Length of residence in city or town where death occurredyrs,mos.                                      | ds. How long In U.S. if of foreign birth?yrsmosds.  |
|              | 2. FULL NAME And Jane   | TO TEL  |
|              | (a) Residence: No. 2-4-7-10. Land Market (Usual place of abode)                                       | If nonresident give city or town and State  |
|              | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
|              | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced       | 21. DATE OF DEATH 23 January 193 6 (Month) (Day) (Yeer)   |
| 1            | Visit Johnan Horst  | 22. I HEREBY CERTIFY, That I attended deceased from 1936, to 2-3 January 1936   |
| ė            | 6. DATE OF BIRTH (month, day, and year) 21 May 1874   | I last saw hex elive on 23 January, 1936, death is said   |
| certificate  | 7. AGE Years Months Days If LESS than   | to heve occurred on the date stated above, at 3:20 Pm.  |
| rti          | 6/ 8 2 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and rolated causes of Importance were as follows:  |
| of ce        | 8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. | Dete of onset   |
| back         | 9. Industry or business in which work was done, as SILK MILL, Soul                                    | 244   |
| on           | 10. Date decessed last worked at this occupation (month and 43 spant in this year)                    |   |
| instructions | 12. BIRTHPLACE (city or town)   | Other Contributory Causes of Importance:  |
| instr        | 13. NAME Everhart Home  | puemonari   |
| See          | 4 14. BIRTHPLACE (city or town) It elin fitted  | Name of operation Dele of   |
| 02           | (State or country)  | Whet test confirmed diagnosis? The Was there an au'opsy? Was there an au'opsy?  |
| important.   | 15. MAIDEN NAME TORANIA Telly  16. BIRTHPLACE (city or town) Is all sur Valuence                      | 23. If deeth was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Date of injury  19 |
| por          | State or country)   | Where did Injury occur?   |
|              | 17. INFORMANT Martha Muy Weinelt  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                  |
| very         | (Address) Rosemont, Landown, Ind  | - none  |
| N is         | Puradena la la la Date Jan y 6,1936   | Nature of Injury.   |
| TION         | 19. UNDERTAKER Mongay Delingston  | 24. Was disease or injury In any way related to occupation of deceased?   |
| )            | 20. FILED/lary 25, 136 Ples Intieffei   | (Signed) Calbrell Wood ruff M.D.)   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE PLA

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PHYSICIANS should state D. Every item of infor-

IS A PERMANENT REC stated EXACTLY.

WITH UNFADING INK-THIS

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDIN

properly classified. Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May'1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

| Dirst husba   | ADDITIONAL SPACE | FOR FURTHER STATE | TEMENTS BY P | HYSICIAN Co | ? 24 Nov 1919 |
|---------------|------------------|-------------------|--------------|-------------|---------------|
| Married 2m2 " | Kerman He        | rst 2> Jany       | 1922 - WY    | to survive  | 0.            |
|               |                  | 0 1               |              | L.          | 0.1.          |
|               |                  |                   |              |             |               |

V. S. No. 1 N. B. of OCCUPA-

|   | CERTIFICATE OF DEATH 00224  |
|---|---|
| 1. PLACE OF DEATH   | (13I)   |
| County (Sallo)  | Registration Dist. No. 35   |
| Village or City Parklay (PA)  | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)                                       |
|   | ds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME Fred R. Hoslial  | e.  |
| (a) Residence: No. (Parklay (Vsual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Wale  A. COLOR OR RACE OR DIVORCED (write the word)   | 21. DATE OF DEATH Jaw. 1.2 1936 /   |
| 5a. If married, widowed) or divorced  | (Month) (Day) (Year)  |
| (or) WIFE of & Elizabeth Horball  | 22. THEREBY CERTIFY, That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year) Oct 154= 1863   | I last saw h list alive on fun 11, 1936; death is said  |
| 7. AGE Years Months Days If LESS than 1 day,hrs.  | to have occurred on the date stated above, at 6,00P,m.  |
| 12 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8. Trade, profession, or particular kind of work done as SPINNER  | Cfr. myo candilis mile 9/28/33  |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and the property of the property of the property of the second in this county of the property of the prope | Clar Endo carditis 9/28/33  |
| 9 Industry or business in which work was done, as SILK MILL,  | arterio-Sclessois 9/23/33   |
| SAW MILL, BANK, etc.  | Chr Interstitial neptarities 9/23/33  |
| time decapation (months and legals 1 the special times 2  | Clarebral Hemorahage 5/1684   |
| year) occupation 4.4  | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town). Dallo Co.  |   |
| (State or country)  |   |
| 13. NAME Jess Q. Hoshall.  14. BIRTHPLAC (city or town) Bally Co.   | <u> </u>  |
| 14. BIRTHPLACE (city or town) Salts G   | Name of operation Dunie Date of   |
| (State or country)  | What test confirmed diagnosis? Was there an autopsy? 20   |
| 15. MAIDEN NAME SOLALE CALLE TO THE   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| 15. MAIDEN NAME Sorale Greek Trole.   |   |
| O 16. BIRTHPLACE (city or town) (State or country)  | Accident, suicide, or homicide?, 19, 19, 19, 19   |
| 17. INFORMANT & Elizafeth Horhall   | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) (Astronomy med Pb)  |   |
| Puplace Lord Coulding Date Jaw. 15, 1906  | Manner of injury Nature of injury   |
| 19. UNDERTAKER Garl M. Hartaustery (Address)  | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Mulioss) Mole Freehold (Pa   | If so, specify  |

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |                 |  |
|--|---------------|--|-----------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | 5 Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago      |  |
| Chronic interstitial nephriti JAR 7 1930                                       | 1921          | Run over by street car   | 1 week ago      |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago      |  |
| 4.0.   |               |  |                 |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |                 |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year          |  |
|  |               |  |                 |  |
|  |               |  |                 |  |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | $\mathbf{BY}$ | PHYSICIAN |
|------------|-------|-----|---------|------------|---------------|-----------|
|------------|-------|-----|---------|------------|---------------|-----------|

| STATE  | OF MARYLAND-  | CERTIFICATE OF DEATH  | 95       |
|--|---|---|----------|
| 1. PLACE OF DEATH  | · 60  | 107   | 417      |
| County Sacra   | 4   | Registration Dist. No.  |          |
| Village or City  | (1  | No. 205 6 Accorded St., Confidence of the Accorded in a horpital or institution, give its NAME instead of street and number | Ward     |
| Length of residence in city or town v  |   |   |          |
| 2. FULL NAME Lang  | c Brooke A  | usband  |          |
| (a) Residence No. 2 05   | When apeake   | Ward.   |          |
|  | (Usual place of abode)                                    | If nonresident give city or town and State  |          |
| 3. SEX 4. COLOR OR RACI  | ISTICAL PARTICULARS                                       | MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH   |          |
| France White   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 16 302  | 6        |
| 5a. If married, widowed, or divorced   | stay -  |   | Year)    |
| HUSBAND of<br>(or) WIFE of   |   | 22. I HEREBY CERTIFY, That I attended deceas  | sed from |
|  | T a lad   | Jan 12 ,1926, to Jan 16 ,1  | 9.36     |
| 6. DATE OF BIRTH (month, day, and year)  | JEb 1865  | I last saw head alive on form 19.7 (deat)   | h is sal |
| . AGE Years Mont   | hs Days If LESS than 1 day,hrs.                           | to have occurred on the date stated above, at   |          |
| 1011.  | ormin.  | were as follows:  | ol onse  |
| 8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc | R,  | Brown pressummer 0/   | 11/3     |
| 9. Industry or business in which work was done, as SILK MILL,                            |   |   |          |
| kind of work done, as SPINNE<br>SAWYER, BOOKKEEPER, etc                                  | 11. Total time (years) spent in this                      |   |          |
| this occupation (month and year)   | spent in this occupation                                  |   |          |
| 2. BIRTHPLACE (city or town)   | allo  | Other Coatributory Causes of Importance:  |          |
| (State or country)   | md  |   |          |
| 13. NAME John  | Hasband   |   |          |
| 14. BIRTUPLACE (city or town   | Okilas  | Name of operation Date of   |          |
| (State of country)   | va.   | What test confirmed diagnosis? Clairie Was there an autopsy   | 12. M    |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)   | Capron  | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |          |
|  | norfolk   | Accident, suicide, or homicide? Date of injury, 1   | 19       |
| (State or country)   | ya:   | Where did injury occur? (Specify city or town, county and State)  |          |
| 7. INFORMANT OMELE   | a Howard  | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |          |
| 18. BURIAL, GRENATION, OR REMOTAL  | 1 1.21  | Manner of injury  |          |
| Place Judon July   | 121 Date 1/18 /3 6, 19                                    | Nature of injury  |          |
| 9. UNDERTAKER Henry (Addjess)  | Jesking & Smil  | 24. Was disease or injury in any way related to occupation of deceased?   |          |
| 20, FILED M 18/1936 1  | 1) & Merall lime Hon                                      |   | M. I     |
| 1,15   | Registrar.  | (Address) Tarm, Md.   |          |
| U If   | more blanks are needed, address State Registrar,          | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |          |

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| Example I   |               | Example II   |               |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: 2 7 1000 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis F. A. V. S.  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   | July 5,1927   | Peritonitis  | 3 days ago    |
|   |               |  |               |
| Other contributory causes of importance:  |               | Other contributory causes of importance:                                       |               |
| Gallstones  | May 1,1923    | Gastroenteritis  | 1 year        |
|   |               |  |               |
|   |               |  |               |

V. S. No. 1

of OCCUPA-

| STATE O | F MARYL | AND-CER | ΓIFICATE | OF | DEATH |
|---------|---------|---------|----------|----|-------|

| 13 | 13 | 0 | 63 | 6 | 0 |
|----|----|---|----|---|---|
| 0  | U  | 1 | 1  | 7 | 1 |
| U  | U  | ~ | 4  | , | 7 |

| County Balline 2. St. Ward  Village or City Ank Ward  Length of residence in city or town where death occurred   | 1. PLACE OF DEATH  | 93-0   |                    |
|--|--|--|--------------------|
| Length of residence in city or town where death occurred   | County Ballinare   | Registration Dist. No. 38  |                    |
| Leagth of residence in city or town where death occurred. If yrs   |  |  |                    |
| (a) Residence: No. Cellera With Granully St., Ward.  (Usual place of shocks)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCD (sprite the word)  5. If married, widowed, or divorced (co) Wife of Core is S PINNER, Albert of Core in the statistic of the secondary of the statistic of the secondary of the seco |  |  |                    |
| Clust place of shode   Branchest give city or town and State   | 2. FULL NAME Proc Elmer John   | If U.S. Veteran specify WAR.   | ***************    |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DYNORED OWN ON DYNORED OWN  |  |  | d State            |
| 3. If partied, widowed, or divorced HUSEAND (Month) (Day) (Test)  3. If partied, widowed, or divorced HUSEAND (Month) (Day) (Test)  4. DATE OF BIRTH (month, day, and year) Day II LESS than (LESS than 1 day  | PERSONAL AND STATISTICAL PARTICULARS   | The second secon |                    |
| 5.9. If married, widowed, or divorced HUSSAND (Corr) WIFE of (Corr |  | law.   | ., 193 (Year)      |
| (or) WIFE of  (o | 5a. If married, widowed, or divorced   | ()   |                    |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Days  I ILESS than  I day,hrs.  Omin.  8. Trada, profession, or particular  kind of work dome, as SPINNER,  SAWER, BOUNKE PER, atc.  SAWER, BOUNKE PER, atc.  SAW MILL, BARK, atc.  10. Date deasead last which  II. Total time (years)  spent in this  cocupation.  Other Ceatribetery Causes of importance:  Cistale or country)  Date of oneet  What tast confirmed diagnosis?  Was thar an autoppy?  Where did injury occurred on the dole state daybove, at / Q. AD Mm.,  19. Indestination of the date causes of importance ware as follows:  Date of oneet  Date of oneet  Date of oneet  Date of oneet  Accuste Provided:  Cistale or country)  Date of oneet  Cistale or country)  Date of oneet  Accuste Provided:  Cistale or country)  Date of injury  Accident, suicke, or ormicalize?  Date of injury  Name of operation.  What tast confirmed diagnosis?  What tast c           | (or) WIFE of   |  | deceased from      |
| 7. AGE Yeers Months Days II LESS than 1 day,   | 100 31 1816  | 1 1 1 21   | death le said      |
| The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:    Sample   Sa |  | _  | 1-, 400(1) 13 3414 |
| 8. Trada, profession, or particular Mind of work done as SPINNER, SAWPER, BOUNKEPER, RIC.  9. Industry or business in which work done as SPINNER, SAWPER, BOUNKEPER, RIC.  10. Date decased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATIQN, OR REMOVAL  Place  (Addrass)  19. UNDERTAKER  19. AG  19. AG  19. AG  Manner of injury  Nature of injury  Natu | / / 1 day,hrs  | The PRINCIPAL CAUSE OF DEATH end related causes of importance  |                    |
| 12. BIRTHPLACE (city or town)   Balling   Other Contributory Causes of importance:   Specify city or town   State or country   Specify city or town   State or country   Specify city or town   State or country   Specify city or town   Country   Specify whether injury   Country   Specify city or town   Country   Country   Specify city or town   Country      | 8 Trada profession or particular   | ware as follows:   | Date of onset      |
| 12. BIRTHPLACE (city or town)   Balling   Other Contributory Causes of importance:   Specify city or town   State or country   Specify city or town   State or country   Specify city or town   State or country   Specify city or town   Country   Specify whether injury   Country   Specify city or town   Country   Country   Specify city or town   Country      | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  | - acute bronchitis   | 12/23/35           |
| 12. BIRTHPLACE (city or town)   Balling   Other Contributory Causes of importance:   Specify city or town   State or country   Specify city or town   State or country   Specify city or town   State or country   Specify city or town   Country   Specify whether injury   Country   Specify city or town   Country   Country   Specify city or town   Country      | 9. Industry or business In which Work was done, as SILK MILL, SAW MILL, BANK, atc.   |  |                    |
| Other Contributory Causes of importance:    12. BIRTHPLACE (city or town)   State or country)   State or country   State or injury   State or |  |  |                    |
| (State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  (Addrass)  19. UNDERTAKER  19. UNDERTAKER  19. (Addrass)  19. UNDERTAKER  19. (Addrass)  10. FILED  11. (State or country)  11. (State or country)  12. (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. UNDERTAKER  19. (Addrass)  19. UNDERTAKER  19. (Addrass)  19. (Signed)  19. (Sig | B-DF   | Other Contributory Causes of importance:   | 0                  |
| 13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  10. BIRTHPLACE (city or town)  10. UNDERTAKER  (Addrass)  10. UNDERTAKER  (Addrass)  10. UNDERTAKER  (Addrass)  11. UNDERTAKER  (Addrass)  12. UNDERTAKER  (Addrass)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  (Addrass)  18. Serify  19. UNDERTAKER  (Addrass)  (Signed)  M. Bacoa  M. D.  Mame of operetion  Name of ope |  | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~  | I nor to           |
| What tast confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  (Specify city octown, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place Particular Date  19. UNDERTAKER  (Addrass)  (Signed)  (Signed)  Master confirmed diagnosis?  Was there an autopsy?  20. If cesth, wes due to external causes (VIOL ENCE) fill in also the following:  Accidant, suicide, or nomicide?  Date of injury  New addingury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Signed)  (Signed)  M. D.  |  | - chronic myocarino  | 1934               |
| What tast confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  (Specify city octown, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place Particular Date  19. UNDERTAKER  (Addrass)  (Signed)  (Signed)  Master confirmed diagnosis?  Was there an autopsy?  20. If cesth, wes due to external causes (VIOL ENCE) fill in also the following:  Accidant, suicide, or nomicide?  Date of injury  New addingury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Signed)  (Signed)  M. D.  | The state of the s |  |                    |
| 15. MAIDEN NAME  16. BIRTHPLACE (city of town)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place Particular Date  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Signed)  (Signed)  Manuel of injury in any way related to occupation of deceased?  M. D.  (Signed)  M. D.   | 14, BIRTHPLACE (city or town)  |  |                    |
| Whera did Injury occur?  Specify at the stown, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Partition Date // 4 , 1936  19. UNDERTAKER Frank W. Seith (Addrass) 103 W. 33 ra St. S. Seith (Signed) G. M. Bacon  (Specify attractory, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Partition Date // 4 , 1936  Manner of injury  Nature of injury in any way related to occupation of deceased?  19. UNDERTAKER Frank W. Seith (Signed) G. M. Bacon  (Signed) M. D.  (Signed) M. D.   | 15. MAIDEN NAME OF STATE   |  |                    |
| Whera did Injury occur?  Specify at the stown, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Partition Date // 4 , 1936  19. UNDERTAKER Frank W. Seith (Addrass) 103 W. 33 ra St. S. Seith (Signed) G. M. Bacon  (Specify attractory, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Partition Date // 4 , 1936  Manner of injury  Nature of injury in any way related to occupation of deceased?  19. UNDERTAKER Frank W. Seith (Signed) G. M. Bacon  (Signed) M. D.  (Signed) M. D.   | Bellieum   |  |                    |
| 17. INFORMANT Walter R. Johnson Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Partition Date 4 1936  Manner of injury Nature of injury  19. UNDERTAKER Frank W. Seith 24. Was disaase or injury in any way related to occupation of deceased?  16 so, spacify  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER Frank W. Seith 24. Was disaase or injury in any way related to occupation of deceased?  16 so, spacify  (Signed) A. Bacon M. D.  | State or country)  |  | , 13               |
| 18. BURIAL, CREMATION, OR REMOVAL Place Partition of Lease Date 1/4 1936  19. UNDERTAKER Frank W. Seit 24. Was disaase or injury in any way related to occupation of deceased? No (Address) 103 W. 33 ra St. (Signed) G. M. Bacon M. D.  20. FILED 13 1936 G. M. Bacon (Signed) G. M. Bacon M. D.  |  | Specify city or town, county and Sta   | nte)<br>LACE.      |
| Place Parkward Carry Date 1/4 , 1936 Nature of injury Nature of injury 19. UNDERTAKER Frank W. Seith 24. Was disaase or injury in any way related to occupation of deceased? No (Addrass) 103 W. 33 ra St. (Signed) G. M. Bacon M. D.  |  |  |                    |
| 19. UNDERTAKER Frank W. Seith  (Addrass) 103 W. 33 10 M. M. Bacon  20. FILED / 3 , 193 6 G. M. Bacon  (Signed) A M. Bacon M. D.  | D  |  |                    |
| (Addrass) 103 W. 33 12 St. [If so, spacify] 20. FILED / 2 , 193 6 G. M. Bacon (Signed) G. M. Bacon M. D.   | 7 0 1  | water or injury  |                    |
| 20. FILED // 3 , 193 6 G. M. Bacon (Signed) G. M. Bacon M. D.  |  |  | no                 |
| 20. FILED  | (Addrass) 703 W. 33 na J. (  | C 711 13   |                    |
|  | 20. FILED 2. 193. 6 G. M. Bacon<br>Registrar.  | (Signed) (Addrass) Parkerille W.   | M. D.              |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

MARGIN RESERVED FOR BINDIN

V. S. No. 1

| County Village or City No. 19 Registration Dist. No. 19 No | STATE OF MARYLAND-  | -CERTIFICATE OF DEATH  |
|--|---|--|
| Village or City  Length of residence in city or town where death occurred 12. yrs  |   | 108 44   |
| Length of residence in city or town where death occurred I   | County Isallimore Count   | Registration Dist. No. +5  |
| Langth of residence in city or town whose death occurred language of the city of town and state of the city of the city of the city of town and state of the city of the city of town and state of the city of the |   |  |
| (a) Residence: No. College of Models (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  DR DAVMEEB (unit the word)  TO DATE OF DEATH  (Year)  1. HER EBY CERTIFY That I ettended deceased for towns alive on. 19.5% death is st towns which work and one as SIK MILL, SAW MILL, BANK, etc.  1. Trade, profession, or particular sees of importance were as closure.  SAW MILL, BANK, etc.  1. Obste deceased last worked at 1th occupilly riginally and 12 spent in his last work of the service as closure.  1. BIRTHPLACE (city or town)  1. S. BIRTHPLACE (city or town)  1. | Length of residence in city or town where death occurred 12 yrs   | os. ds. How long in U.S. if of foreign birth? 31 yrsmosds                              |
| PERSONAL AND STATISTICAL PARTICULARS  J. SEX  J. COLOR OR RACE  OR DIVAPRED (write the word)  DATE OF DEATH  J. DATE OF  | 2. FULL NAME Should Jarwaster   | If U.S. Veteran specify WAR.   |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SHREEE, MARRIED, WINDOWD, OR DAVORGED (Wint) the word)  MANUAL OR DAVORGED (which the word)  5. It married, widowed, or divorced  HUSBAND of (Gos, Juster)  6. DATE OF BIRTH (month, day, bid year)  7. AGE  Years  7. AGE  Years  7. Months  1 day,  |   |  |
| 3. SEX    4. COLOR OR RACE   S. SHREEE, MARRIED, WIDOWAYD, OR DAYONGED Carris the word)   Married, widowed, or divorced HUSBAND   Color of the word)   1938   Married, widowed, or divorced HUSBAND   Color of the word)   1938    |   |  |
| 53. If married, widowed, or divorced HUSBAID of Cont. Date of HUSBAID of HUSB | 3. SEX 4. COLOR OR RACE 5. SHOOLE, MARRIED, WIDOWED, OR DIVORCED (write the word)                                 | 21. DATE OF DEATH Law 1  |
| TAGE Years Months Days ITLESS than I day. hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as  | 5a. If married, widowed, or divorced HUSBAND of   |  |
| 1 day, Inst. or min.  Trade, profession, or particular thick profession thick  |   | - Land   |
| Other Contributory Canses of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, COSTMEN, OF DEMONAL Place  18. BURIAL, COSTMEN, OF DEMONAL Place  19. UNOERTAKER (Address)  19. UNOERTAKER (Address)  19. UNOERTAKER (Address)  10. FILEO  10. Signed)  10. Other Contributory Canses of importance:  Other Contributory Canses  Other Contributory Canses  Other Contributory   | Trade profession or naticular   | S. The PRINCIPAL CAUSE OF DEATH and related causes of importance                       |
| Other Contributory Canees of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CASTANAM, OF DEMOVAL  Place  18. BURIAL, CASTANAM, OF DEMOVAL  Place  19. CASTANAM  19. CASTANAM  19. CASTANAM  19. CASTANAM  10. CASTANAM  10. CASTANAM  10. CASTANAM  11. SIRTHPLACE (city or town) (State or country)  18. Was there an autopsy?  20. FILEO  19. CASTANAM  21. INFORMANT  19. CASTANAM  22. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  19. Castanam  (Signed)  10. AULUM  10. AULUM  10. Castanam  (Signed)  10. AULUM  10. AULUM  10. Castanam  10. Castanam  11. Castanam  12. Castanam  13. Castanam  14. BIRTHPLACE (city or town)  What test confirmed diegnosis?  What  | kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc.  Industry or business in which work was done as SIL M MILL | Caul Dian greunous   |
| Other Contributory Cances of importance:  Name of operation.  Other Contributory Cances of importance:  Name of operation.  Other Contributory  Other Contributory Cances of importance:  Name of operation.  Other Contributory  Other Contributory | SAW MILL, BANK, etc   |  |
| 13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMINEN, OF DEMONAL (Address)  19. UNOERTAKER (Signed)   | 12. BIRTHPLACE (city or town) Unknown   | Other Contributory Canses of importance:   |
| What test confirmed diegnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CDENSION, ON DEMONAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILEO  10. FILEO  10. FILEO  10. Maioen of confirmed diegnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  Address  Maccident, suicide, or homicide?  Date of injury  Netre did injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify  (Signed)  Address  Maccident, suicide, or homicide?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  In so, specify  (Signed)  Accident, suicide, or homicide?  Accident, sui | 13. NAME - Narvaki  |  |
| Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Place I Survival Author State Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  | (otate of country)  | Name of operation Date of Date of What test confirmed diegnosis? Was there an autopsy? |
| Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Place  Manner of injury  Nature of injury  19. UNOERTAKER  (Address)  | 15. MAIOEN NAME CLUKSSOWN   | 23. If death was due to external causes (VIOL ENCE) fill in elso the following:        |
| 18. BURIAL CREMINEN, OF DEMOVAL Place St. Standard Plans 1, 198 Manner of injury  19. UNOERTAKER M. F. Standard V. Signed 1. (Address)  19. UNOERTAKER M. F. Commelly  20. FILEO 1 1936 Tolon St. Commelly  (Signed) Address M. Address | 17. INFORMANT Mary Carwooki   | (Specify city or town, county and State)   |
| 19. UNOERTAKER M. A. Sedrock of Sons.  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  | 18. BURIAL, CREMATION, OF DEMOVAL   |  |
| 20. FILEO  |   | 24. Was disease or injury in any way related to occupation of deceased?                |
|  | 20. FILEO 1/1 , 1936 John 5- Commelly Regisfar.   | (Signed) Adver Wolf (Address) Mars (20 Reace) Mills                                    |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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|  | Example I                               |               | Example II   |               |
|--|---|---------------|--|---------------|
| The principal cause of importance were a | of death and related causes is follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                         |   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nep                 | hritis FFD                              | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                      | F.A.D 4 1886                            | July 5,1927   | Peritonitis  | 3 days ago    |
|  | BUREAU V. S.                            |               |  |               |
| Other contributory c                     | auses of importance:                    |               | Other contributory causes of importance:                                       |               |
| Gallstones                               |   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |   |               |  |               |
|  |   |               |  |               |

V. S. No. 1

| < | No. | 1 | V | ) |
|---|-----|---|---|---|
|   |     |   | A |   |
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|   |     |   |   |   |
|   |     |   |   |   |

WRITE PLAINLY, WITH UNFADING LAND Stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

| 1. PLACE OF DEATH County Daltin  | iore   | (59) Registration Dist. N   | 0. 44                                   |
|--|--|---|---|
| Village or City Edy  | mere   | No. death occurred in a hospital or institution, give its NAME instead  | St. Wa                                  |
| Length of residence In city or town who  |  | Ads. How long in U.S.If of foraign birth?   |   |
| 2. FULL NAME In  | my Maulalas  | If U.S. Yeteran specify WAR   | 480880000000000000000000000000000000000 |
| (a) Residence: No. Apu   | (Usual place of abode)   | St., Ward.  If nonresident give city  | or town and State                       |
| PERSONAL AND STATE   | STICAL PARTICULARS   | MEDICAL CERTIFICATE OF  | DEATH                                   |
| SEX 4. COLOR OR RACE   | 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)  | 21. DATE OF DEATH  January 7 3 (Month)  | 74, 193 6<br>(Year)                     |
| e. If married, widowad, or diverced  | Waulalakes   | 22. I HEREBY CERTIFY, Tha   | at I attended deceased f                |
| (or) WIFE of   | / care to the  | nomber 10, 19 35, 10 gae  |   |
| DATE OF BIRTH (month, day, and year)   | April 15, 1875   | I last saw here alive on Jame 19  | , 19.35; death is                       |
| AGE Years Months   | Days if LESS than 1 day,hrs.   | to have occurred on the date stated above, at 10, 40Am.   |   |
| 80 60 9  | 8   1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of impere as follows:   | Portance Oate of or                     |
| 8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc | Housewife  | Curtisia & the hi   | wo ?                                    |
| kind of work dona, as SPINNER,<br>SAWYER, BOOKKEEPER, etc                                  |  | Chrone nephritis  |   |
| work was done, as SILK MILL,<br>SAW MILL, BANK, etc  | it ) + ome   |   |   |
| 10. Oate deceased last worked at this occupation (month and                                | 11. Total time (years) spent in this   |   |   |
| year)  | occupation   | Othar Centribatory Canses of importanca:  |   |
| 2. BIRTHPLACE (city or town)   | L.   | Diabetes mellety  | ما                                      |
| (State or country)   | gree ce  | /   |   |
| 13. NAME Joseph  | Javas  |   |   |
| 14. BIRTHPLACE (city or town)  | 4,000  | Name of oparation   | Data of                                 |
| (Stata of Country)   | The contract of the contract o | What test confirmed diagnosis?  | Was there an autopsy?                   |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)                          | month.   | 23. If daath was due to external causes (VIOLENCE) fill in also   |   |
| 16. BIRTHPLACE (city or town) (State or country)   | Grece 1  | Accident, suicide, or homicida? Date of   | injury, 19.                             |
| 7. INFORMANT Meg. John   | 1 Taulalakus   | Where did injury occur?(Specify city or town, c<br>Specify whether injury occurred in INOUSTRY, in HOME, or i | ounty and State) in PUBLIC PLACE.       |
| (Address) SMAN AND 8. BURIAL, CREMATION, OR REMOVAL  | ) our pur.   | Manner of injury  |   |
| Place Jacret Heart of  | margate Jan 25, 1936   | Neture of injury  | ,                                       |
| 9. UNDERTAKER ON G. (Address)  | Tomelly many   | 24. Was disease or injury in any way related to occupation of   | deceased? Me-                           |
| 0. FILED / 7 19.36 Q   | hu & Connedly  | (Signed) Ollert J. Gla<br>(Address) 4605 Garten   | 20                                      |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| BUDE V. S.   | 4-            |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 00229  |
|---|---|
| 1. PLACE OF DEATH   |   |
| County Balto.   | Registration Dist. No.  |
| Village or City Coventon  | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)              |
|   | ds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME Ryth Marie /Te  (a) Residence: No. Cowenton Rd.  (Usual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH  Jan 12 1986  (Month) 198 (Year)  |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  | 22. I HEREBY CERTIFY. That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) March 10, 1934  | 1 last saw h 24 alive on few 11 1936 death is said  |
| 7. AGE Years Months Oays If LESS than   | to have occurred on the date stated above, at 11 Pm.  |
| / / / 2   1 day,hrs. ormin.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                      |
| 8 Trade profession or particular  | Oate of onset   |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate daceased last worked at this eccupation (month and | 19 micho- purin orua: presed -  |
| 2 Spatt in this   | ed by a colds not by a contagiona disease.  |
| 12. BIRTHPLACE (city or town) Pocks 14 all (State or country)   | Other Contributory Causes of Importance:  |
| 13. NAME newton R. Kelly  |   |
| 14. BIRTHPLACE (city or town) Balts. MA   | Name of operation Oate of   |
|   | What test confirmed diagnosis? Was there an au'opsy?  |
| 16. BIRTHPLACE (city or town)   | 23. If death was dua to external causes (VIOLENCE) fill In also tha following:  Accident, suicida, or homicide?, 19 |
| (Stata or country)  | Where did injury occur?(Specify city or town, county and State)   |
| 17. INFORMANT My Affection It Helly (Address) Conventor Rd  | Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL Zuelleutan, Hora  | Manner of Injury  |
| Place Land atomif tode Jan 13, 1936   | Nature of injury  |
| 19. UNDERTAKER Fresh January & for  | 24. Was disease or injury In any way related to occupation of deceased?   |
| (Address) 7 401 (Belgin OPd)  | If so, specify  |
| 20. FILEO ///3 , 1936 9 4 Fint M. & Registrar.  | (Signed) My 10 W Edg Twood WA   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis FFR   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July5,1927    | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

V. S. No. 1

| STATE OF MARYLAND-   | -CERTIFICATE OF DEATH 00230  |
|--|--|
| 1. PLACE OF DEATH  | 948  |
| County Baltimore   | Registration Dist. No. 40  |
| Village or City Franklinvelle  | No. new Cut Road St., Ward   |
| 10   | If death occurred in a hospital or institution, give its NAME instead of street and number)  sds |
| VHz 1 m  | 1. inh   |
|  | CIVICA'S. Veteran specify WAR.   |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH  |
| Female White Polowed (write the word)  | (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of  |  |
| (or) WIFE o Semmes I. Kendrick   | 22. I HEREBY CERTIFY, That I ettended deceased from  |
| In sal next ser  | last saw h en aliva on + 2 ( 1936 : death is said  |
| 6. DATE OF BIRTH (month, day, and year) March 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | to have occurred on the date stated above, at Soca 'm.   |
| 67 10 0 I day,hrs  | The PRINCIPAL CAUSE OF DEATH end related causes of importance                                    |
| 8 Trade profession or particular   | were as follows:  Date of one of 3 and 12:   |
| kind of work done, as SPINNER, at South  | Hepertendin-Essential alleger 3 mgs  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this excusation (month and |  |
| 10. Date deceased last worked at this occupation (month and year)  |  |
| 12. BIRTHPLACE (city or town) / Larford Co   | Other Contributory Causes of Importance:   |
| (State or country) Markyland   |  |
| 13. NAME James Carroll   |  |
| 13. NAME fames Carrol V  | Nama of operation Dete of  |
| (State of country)   | What test confirmed diagnosis? Clarical Was there an autopsy?no_                                 |
| 15. MAIDEN NAME Chyaleth Solloway.  16. BIRTHPLACE (city of town) Chrysons   | 23. If death was dua to external causes (VIOLENCE) fill in also the following:                   |
| [ 16. BIRTHPLACE (city of town) Carkpround   | Accident, suicida, or homicide? Date of injury, 19   |
| (State or country)   | Where did injury occur? (Specify city or town, county and State)                                 |
| 17. INFORMANT Aire Stanley Conf.   | Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.                        |
| 18. BURIAL, CREMATION, OB REMOVAL  | Manner of Injury   |
| Hamalinvalle Harry Coate Jan. 20,1906  | Nature of injury   |
| 19. UNDERTAKERALERICK Tossahut Jans (Address) 1401 Black (Road)  | 24. Was disease or injury in any way related to occupation of deceased? 200                      |
| 28 FILED 23 Con Def The Description Registrar.   | (Signed) Ped OHodows M.D.  (Address) Edglword, Md.   |
|  | r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                                    |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       | -ta           | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLAN

V. S. No. 1 N. B.

| 1. PLACE OF DEA  |  | r MAR                        | YLAND—                                 | CERTIFICATE OF DEATH   | 00231                       |
|--|--|------------------------------|--|--|-----------------------------|
| County Baltimore  Village or City Mt. Wilson  (If of Length of residence in city or town where death occurred 0 yrs, 2 mos.  |  |                              |  | Registration Dist. No.   | クン                          |
|  |  |                              | (11)                                   | Not the wilson Branch Md street and number)  Not the wilson Branch of Md street and number)  Ward fideath occurred in a hospital or institution, give its NAME instead of street and number) |                             |
|  |  |                              |  | Se2\Q_ds. How long in U.S. if of foreign birth?yrs   | mosds.                      |
| 2. FULL NAME   |  | S. Ker:                      |  |  |                             |
| (a) Residence: No.   |  | (Usualplace                  | of abode)                              | St., Ward. Prince George Co If nonresident give city or town   |                             |
| PERSONAL AT  |  |                              |  | MEDICAL CERTIFICATE OF DEAT  | H                           |
| Male   | Vhite  | OR DIVORCED                  | RIED, WIDOWED, O (write the word) ried | January 27th, (Month) (Day)  | , 193 6 .<br>(Year)         |
| 5a. If married, widowed, or div<br>HUSBAND of<br>(or) WIFE of  |  | e M. Ke                      | err                                    | 22. I HEREBY CERTIFY, That latten October 28th, 1935 to January  | ded deceased from 27, 19 36 |
| 6. DATE OF BIRTH (month, d   | ay, and year) Aug                                  | gust 9th                     | 1, 1886                                | I last saw h i III alive on January 27th 192   |                             |
| 7. AGE Years   | Months   | Days                         | If LESS than                           | to have occurred on the date stated above, at 12.50 P.m.   |                             |
| 49   | 5  | 18                           | 1 day,hrs.                             | The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:   | Date of onset               |
| 8. Trade, profession, or kind of work done SAWYER, BOOKKE SAWYER, BOOKKE Work was done, as SAW MILL, BANK, 10. Date deceased last withing concentration of the concentration of t | particular<br>, as SPINNER,<br>EPER, etc           | elephone<br>ineman<br>P. Tel |  | Pulmonary tuberculosis   | March<br>1933               |
| Date deceased last we this occupation (m year)   | orked et Apr.                                      | 11. Total ti<br>span<br>occu | me (years) 25 tin this yrs. e County   | Other Contributory Causes of importance:   |                             |
| (State or country)   | Maryla   |                              |  | None   |                             |
| 13. NAME Thor  | mas Kerr   |                              |  |  |                             |
| 14. BIRTHPLACE (city or (State or country)   | 14. BIRTHPLACE (city or town) Prince George County |                              |  | Name of operation NO OPERATION Date of What test confirmed diagnosis? X-ray, and was there   |                             |
| 15. MAIDEN NAME  | Frances 3  | ones                         |  | 23. If death was due to external causes (VIOLENCE) fill in also the follo  |                             |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)  17. INFORMANT Address Mt   | Maryla is R. K.                                    | Ruerk                        | e County                               | Accident, suicide, or homicide? Date of injury<br>Where did injury occur? (Specify city or town, county and<br>Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC            | , 19<br>State)              |
| 18. BURIAL, CREMATION, OR Place FOR AND LE   |  | Date 1-36                    | 1986                                   | Manner of injury   |                             |
| 19. UNDERTAKER JKern<br>(Address) Nich   | was My   | E- Wh                        | 1 De                                   | 24. Was disease or injury in environ related to occuration of deceased if so, specify (Signed)   | 7No                         |
| 20. FILED 1-27   | 196 66   | neck                         | Registrar.                             | (Signed) Address Milson Md.  | M. D.                       |

If more blanks are needed, address State Registrar, 2421 N. Charles Areet, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTICICATE OF DEATH

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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       | May 1,1923    | Other contributory causes of importance:  Gastroenteritis                      |               |
| Guestorico   | May 1,1925    | dustroemeruis  | 1 year        |

V. S. No. 1 N. B.-

| D. Every  | SICIANS   | statement   | /   |
|---|---|---|---|
| F RECON   | Y. PHY  | Exact s   |   |
| INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every | be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS | EATH in plain terms, so that it may be properly classified. Exact statement |   |
| IS A PE   | stated E  | properly  | important See instructions on back of cartificate |
| HIS   | pe  | pe  | o.f.  |
| NK-T  | plnods  | it may  | Jose "  |
| ING II  | AGE   | o that  | tions o   |
| UNFAD   | pplied.   | terms, s  | inctrin   |
| TTH   | ully su   | plain   | Con   |
| INLY, W   | be caref  | EATH in   | mporton   |
|   |   |   | * ,-  |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 00232  |
|--|---|
| 1. PLACE OF DEATH  | 92-02   |
| County_Balt  | Registration Dist. No. 44 21  |
| Village or City Balto Highlands  | No. Theo and St., Ward  |
|  | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME George M. Kest  | les   |
| (a) Residence: No. Ohis are  | St., Ward.  |
| (Usual place of abode)   | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male Mule Mule Market  | 21. DATE OF DEATH  (Month)  (Day)  (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clark a Kestle  | 22. LHEREBY CERTIFY, That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year)  | I last saw h alive on   |
| 7. AGE Years Month's Days If LESS than   | to have occurred on the date stated above at 3 a m.   |
| 3-9 6 /2 1day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of Importance   |
| 8. Trade profession or particular  | Data of onesat  |
| SAWYER, BOOKKEEPER, etc.   | Monue Calcular heart  |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10- Date deceased last worked at  11. Total time (years)  | Answer Jomes  |
| 10. Date deceased last worked at this occupation (month and full spent in this year).  |   |
|  | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town) Salts lud  | My - 1 2 does a to Tan  |
| 13. NAME John J Ketter   | Jacob de la constantina della |
| 13. NAME The There I was a second of the sec | Name of operation Date of   |
| (State or country)   | What test confirmed diagnosis?  |
| 15. MAIDEN NAME Catherne tracks  | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| 15. MAIDEN NAME Calle Jan 15. MAIDEN NAME Calle Jan 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Date of injury, 19  |
| (State or country)   | Where did Injury occur?   |
| 17. INFORMANT Glace a Keather  | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manuar at inium   |
| Place Trudy for Coate /-13, 123/   | Manner of injury  |
| 19. UNDERTAKER Della Cook  | 24. Was disease or Injury in any way related to occupation of deceased?   |
| 20. FILED JUNE 10, 1836 Stoff Registrat.   | (Signed) M. D. M. D.  |
|  | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.  |

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis | 1 week ago 1 week ago 3 days ago |
|---|----------------------------------|
| Run over by street car  | 1 week ago                       |
|   |                                  |
| Peritonitis   | 3 days ago                       |
|   | Jongo                            |
| Other contributory causes of importance:  |                                  |
| Gastroenteritis   | 1 year                           |
|   |                                  |

PHYSICIANS should state Exact statement of OCCUPA.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

V. S. No. 1

item of infor-

| 1. PLACE OF DEATH Baltimore  |
|--|
| P 1 11 to 0 (82-a)   |
| 7 1 1 4 0 1 1 0 0 4 10 0 1   |
| Village or City Trederich T December 11 Color Co |
| Length of residence in city or town where death occurred 50 yrs 3 mos. 49 ds. How long In U.S. If of foreign birth? yrs mos. ds.   |
| 2. FULL NAME anne & Kunkel   |
| (a) Residence: No. 605 Coleraine Rdst, Ward.   |
| (Usual place of abode) Cotonsville If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH 28-1936 4 Octoor   |
| Venal While Married (Mopth) (Day) (Year)   |
| 5a. If married, widowed, or divorced  HUSBAND-of (or) WIFE of (or) WIFE of  A L L L L L L L L L L L L L L L L L L  |
| (d) with alter Courad range 19, 19, 10, 19   |
| 6. DATE OF BIRTH (month, day, and year) Oct 9 - 188   I last saw h === alive on  |
| 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at  |
| 50 3 /9 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8 Trade profession or particular   |
| SAWYER, BOOKKEEPER, etc. 10 March 10 mm  |
| work was done, as SILK MILL, SAW MILL, BANK, etc.  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this spant in this   |
| year) Other Coutributory Causes of importance:   |
| 12. BIRTHPLACE (city or town). Baltimore Md of the South Roll  |
| (State or country)   |
| 13. NAME Robert O Hoofragle Coor   |
| 14. BIRTHPLACE (city or town)  |
| What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?   |
| 15. MAIDEN NAME Certified Substituting:  23. If death was due to external causes (VIOLENGE) fill in also the following:  Accident, suicide, or homicide?   |
| 16. BIRTHPLACE (city or town)  |
| (State or country)  Where did injury occur?  (Specify city or town, county and State)  |
| 17. INFORMANT CLUSTEY, in HOME, or in PUBLIC PLACE.  |
| (Address) 605 6 olerane // Cd  |
| Place Lavelon Cl Date Jan 31 10.3/   |
| 0 0 10 10 10 10 10 10 10 10 10 10 10 10  |
| 19. UNDERTAKER from the fact from the fact of the fact |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| 20. FILED JON 29, 1931 Marchall B West (Signed) (Address) Caterralle and   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   |               | Attack of epilepsy   |               |
| Chronic interstitial nephritic AR 4  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Pall !   |               | Y  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

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19. UNDERTAKER (Address)

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18. BURIAL, CREMATION, OR REMON Manner of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. Y.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones 3, 100  | May 1,1923    | Gastroenteritis  | 1 year        |
| 62   |               |  |               |

additional space for further statements by PHYSICIAN

Lapp also a phone book

V. S. No. 1

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 0023  | ( )   |
|--|--|-------|
| 1. PLACE OF DEATH  |  | 1     |
| County Ballo Go  | Registration Dist. No. 38  |       |
| Village or City Summit are Corne   |  | Ward  |
| Length of residence in city or town where deeth occurredyrs                                |  | ds.   |
| 2. FULL NAME John Lecles  (a) Residence: No Summet are Bal  (Usual place of abode)         | Test, Ward.  If nonresident give city or town and State  |       |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |       |
| 3. SEX 4. COLOR OR RACE S. SERRELE, MARRIED, WIDOWED, OR DIVORCED (write the word)         | 21. DATE OF DEATH  (Month) (Day) (Year   |       |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of                               | 22.   HEREBY CERTIFY, That I attended deceased   | from  |
| 6. DATE OF BIRTH (month, day, and year) Chail. 27, 1878                                    | February, 1935, to Jan. 26, 19 st last saw h min alive on Land, 25, 1936; death is   |       |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, et . 9.30 Am.   |       |
| 57 8 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of o  | onset |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | Thronic framchymaton to<br>nephritis +1  | 2     |
| SAW MILL, BANK, etc  | /9.3   | 35    |
| 12. BIRTHPLACE (city or town) Balto Mol  | Other Contributory Causes of importance:   | ٠     |
| (State or country)  13. NAME TOTAL F. Le. C. C.  | Marino 10  | 130   |
| 14. BIRTHPLACE (city or town)—sederick (Stete or country)                                  | Neme of operation Date of Date of Whet test confirmed diagnosis? Linear Lyme Was there an autopsy?   | 240   |
| 15. MAIDEN NAME Mary Poly 16. BIRTHPLACE (city or town)                                    | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?                             |       |
| 17. INFORMANT Post & Leilich  (Address) Summit are barnen ma                               | Where did injury occur?  (Specify city of Towns, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |       |
| 18. BURIAL, CREMATION, OR REMOVAL Place hew Salhedral Date Jan 27, 1986.                   | Manner of injury   |       |
| 19. UNDERTAKER W. M. Sook (Address) /2 / 4. S. Doubles                                     | 24. Wes disease or injury in any way related to occupation of deceased? 21.0   |       |
| 20. FILED 1/26, 1936 a. M. Bacon<br>Registrar.   | (Signed) Jackeville  | M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example 1  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Hun over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Pertimilis   | 3 days ago    |
|  | 2.54          | 63   |               |
|  | વાઈ           | 6 Np. 12   |               |
| Other contributory causes of importance:                                       | 48            | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
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# HEALTH DEPARTMENT—CITY OF BALTIMORE

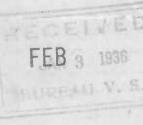
should state CERTIFICATE OF DEATH. /3/ 1.PLACE OF DEATH REGISTERED NO. (If death occurred in a hospital or institution. ST....WARD) give its NAME instead of street and number.) Exact (a) RESIDENCE NO. (If non-resident give city or town and State) (Usual place of abode) Length of residence in city or town where death occurred ds. How Long in U. S., if of foreign birth? ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH classified. 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, 16 DATE OF DEATH (month, day, and year) -23-36 or Divorced. (write the word) 17 properly c That) I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of au . 27 that I last saw home alive on .. Jan. 15 6 DATE OF BIRTH (month, day, and year) and that death occurred, on the date stated above, at ..... 7 AGE If LESS than Months Days The CAUST OF 1 day .....hrs. may or.....nin. it. uo 8 OCCUPATION OF DECEASED that terms, so tha (a) Trade, profession or particular kind of work. (duration) 4 yrs. mos. ... (b) General nature of industry, business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) (c) Name of employer .(durution) .....yrs, .....nos. ..... See plain 18 Where was disease contracted 9 BIRTHPLACE (city or town) if not at place of death?. (State or country) ithuania Did an operation precede death? Date of important. DEATH 10 NAME OF FATHER .Was there an autopsy? ENTS 11 BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis? (State or country) very (Signed) imformation s CAUSE OF TION is very 12 MAIDEN NAME OF MOTHER . 19 (Address \*State the Disease Causing Death, or in deaths from Violent Causes 13 BIRTHPLACE OF MOTHER (city or town) state (1) Means and Nature of Injury, and (2) whether Accidental, (State or country) Suicidal or Homicidai. (See reverse side for additional space.) 14 19 PLACE OF BURIAL, CREMATION OR RE-DATE OF BURIAL Informant (Address) 15 trar

[Approved by U. S. Jensus and American Public Health Asso.]

occupation at beginning of illness. If retired pations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up work or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occuamples: (a) Spinner, (b) Cotton mill; (a) no occupation whatever, write None. Farmer (retired 6 yrs.). For persons who have from business, that fact may be indicated thus: on account of the DISEASE CAUSING DEATH, state gaged in the duties of the household only (not "Dealer," etc., without more precise specifications, as Day Laborer, Farm Laborer, Laborer Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," employments, it is necessary to know (a) the kind of work and also (b) the nature of the paid Housekeepers who receive a definite saltional line is provided for the latter statement kind of work and also (b) the nature of the business or industry, and therefore an addi-Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially industrial Physician, Compositor, Architect, Locomotive occupations a single word or term on the first every person, irrespective of age. For many be known. The question applies to each and relative healthfulness of various pursuits line will be sufficient, e.g., Farmer or Planter, Statement of Occupation.—Precise statement of occupation is very important, so that the -Coal Mine, etc. Women at home, who are enmay be entered as Housewife, Housecan (a)

Statement of Cause of Death.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of phoid pneumonia") Lobar pneumonia; Bronphoid pneumonia ("pneumonia," unqualified, is

toms or terminal conditions, such as "Asthenia," "Angemia," (merely symptomatic), "Atrophy," "Collarse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.) "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Warasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. indefinite); Tuberculosis of the lungs, meninges, pcritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin "Cancer" is less definite; avoid use of "Tumor" for (malignant approved by Committee on Nomenclature of the American Medical Association. neoplasms); Measles; Whooping cough, chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or quences (e. g., sepsis tetanus) may be stated under the head of "Contributory." (Recomby carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consedrowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned and qualify as ACCIDENTAL, SUICIDAL HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental mendations on statement of birth or miscarriage as "PUERPERAL septice-mia," "PUERPERAL peritonitis," etc. State cause less important. Example: Measles (disease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symp-For VIOLENT DEATHS state MEANS OF INJURY for which surgical operation was undertaken. Always qualify all diseases resulting from child intercurrent) affection need not be stated un-less important. Example: Measles (disease cause of death



V. S. No. 1

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 100237   |
|--|---|
| 1. PLACE OF DEATH  | El .  |
| County Balthy  | Registration Dist. No. 30   |
| Village or City Cathww Share   | No Tron Vastertale, Ward  |
|  | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME James myanty  | If U. S. Veteran, specify WAR   |
| (a) Residence: No. 924 N. Brothage   | St., Ward.  |
| (Usual place of abode)   | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced   | 21. DATE OF DEATH  (Month)  (Day)  (Year)   |
| HUSBAND of Rentha W magarity   | 1 HEREBY CERTIFY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year)  | Hast saw h aliva on AMM & 7 1936 death is said  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at   |
| 74 0 5 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  |
| 8 Trade profession or particular   | Date of onset   |
| kind of work dona, as SPINNER, 'Panulls  | John & neumany 1-23-36  |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at this occupation (month and |   |
| 11. Total time (years) spent In this year)  12. Total time (years) spent In this occupation www.   |   |
| 12. BIRTHPLACE (city or town)  | Other Coutributory Causes of importance:  |
| (State or country)   | La transfer (930)   |
| # 13. NAME James myselly   |   |
| 13. NAME James Mayardy 14. BIRTHPLACE (city or town). Wright   | Name of operation   |
| (State of country)   | What test confirmed diagnosis? Physical Tube Was there an autopsy? The  |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)   | 23. If death was due to external causes (VIOL ENCE) fill In also the following:   |
| 5 16. BIRTHPLACE (city or town) Mary and   | Accident, suicide, or homicide? Data of injury19  |
| ∑ (State or country)   | Where did injury occur?   |
| 17. INFORMANT MA. BUMY W. Magarity (Address) 924 Bradyay   | (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                          |
| 18. BURIAL, CREMATION, OF BEMOVAL  | Manner of injury  |
| Place Wester en Date 39, 1936  | Natura of injury  |
| 19. UNDERTAKER My Cook   | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Address) 1217 St Orang St   | If so, specify  |
| 20, FILED / 27 1921 Tolling  | (Signad) Jemmy A. J. M. D.  |
| Registrar.   | (Address) String from Jan 18  |
| If more blankers gotte the Project or  | N. Charles Careat Balainan Daniel St. C. N.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | ero li        | Example II   |               |
|--|---------------|--|---------------|
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| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis FFRA  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| BUDEAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

of OCCUPA-

| 1. PLACE OF DEATH  | 93-6   |                 |
|--|--|-----------------|
| County Sallieore   | Registration Dist. No. 30  |                 |
| Village or City Catousville  | No. 639 Harley Lave St.,   | Ward            |
| /- /- /-   | death occurred in a horpital or institution, give its NAME instead of street and nu.  9. ds. How long In U.S. if of foreign birth? |                 |
| Length of residence in city or town where death occurred 9 yrs   | as now long in 0.3. If of foreign pitchi   |                 |
| 2. FULL NAME STATUTE STATE   |  |                 |
| (a) Residence: No. 6 3 9 Navleu & auck   | St., Ward.  If nonresident give city or town and S   | State           |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |                 |
| 3. SEN 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH  | 1               |
| Male White OR DETERMENT OR DETERMENT OR DETERMENT OF THE WORLD   | (Month) (Day)  | (Year)          |
| 5a. If married widowed, or disorced HUSBAND of J.  |  | -               |
| "X well Catherine Luther Maise   | 1. I HEREBY CERTIFY, That I attended d   | leceased from   |
| 6. DATE OF BIRTH (month, day, and year) 100, 26, 1875  | I last saw herea alive on Jan 4, 1976  | ; death is said |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, et 150 m.   |                 |
| 60   9   1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:   | Date of onset   |
| & Trade, profession, or particular kind of work done, as SPINNER,  |  |                 |
| SAWYER, BOOKKEEPER, etc.   | (D) of the   | 1 1 21          |
| work was done, es SILK MILL, SAW MILL, BANK, etc.  | Vere viae svillormas   | 1-4-76          |
| U 10 Date deceased lest worked et / 5 11. Total time (years)   |  |                 |
| this occupation (month and 7 9 3 occupation / E  | Other Contributary Causes of importance:   |                 |
| 12. BIRTHPLACE (city or town) Calousull  | Other Contributory Causes of Importance.   |                 |
| (State or country) Mary land   | Chronie Thypear 1173 -   | 1923            |
| II 13. NAME / restine Maesel   | Hyper terrior  | 1935            |
| 14. BIRTHPLACE (city or town)  | Name of operation Date of  |                 |
| (State Officiality)  | What test confirmed diegnosis the two washere an a   | utopsy? Ma      |
| 15. MAIDEN MAMELLALLOV 6. DILL   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   | •               |
| 15. MAIDEN AMELLALION 6. DILL  16. BIRTHPLACE (city or town)  (State or country)   | Accident, suicide, or homicide? Date of injury   | , 19            |
| (State or country)   | Where did Injury occur?Specify city or town, county and State  |                 |
| 17. INFORMANT MUSICAL MAISE (Address) & alousvillo Kell,   | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA   | ICE.            |
| 18. BURIAL, CREMATION, OR REMOVA   | Manner of injury   |                 |
| Place Salem Clm - Date Jam. 7, 1936  | Nature of injury   |                 |
| the ston Down  | 24. Was disease or injury/in any way related to occupation of deceased?  | The             |
| 19. UNDERTAKER (CALCULATION CALCULATION CA | If so, specify   |                 |
| 1/7/36 malle   | (Signed) Juste Intonseu  | M. D.           |
| 20. FILED 11. 19. Registrar.   | (Address) Calona ville   |                 |

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | i i           | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| LERE II V. S.  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

TION is very important. See instructions on back of certificate.

D. Every item of infor-

Exact statement of OCCUPA-

|   | ND-CERTIFICATE OF DEATH 00239  |
|---|--|
| 1. PLACE OF DEATH.  | 53-20  |
| Village or City Rosedule  | Registration Dist. No.   |
|   | (If death occurred in a hospital or institution, give its NAME instead of street and number)                       |
| Length of residence in city or town where death occurredyrs   | 2mosds. How long in U.S. if of foreign blrth?yrsmosds.   |
| 2. FULL NAME alwrothy fourse M  | girtin   |
| (a) Residence: No. Conselute Mid  | St., Ward.   |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULAR:   | If nonresident give city or town and State   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDG  |  |
| OR DIVORCED (write the  |  |
| Farted.   | (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adarras  | 22. HEREBY CERTIFY, That I attended deceased from  |
| Maring Marlin   | alle 3/ 1935 to you 2 1936   |
| 6. DATE OF BIRTH (month, day, and year) May 27, 18  | 85   I last saw hu alive on Land 2, 19 36; death is said   |
| 7. AGE Years Months Days If LES.  | S than to have occurred on the date stated above, at 1/ A m.   |
| 54 50 7 5 1day,   |  |
| 8 Trade profession or particular  | Date of onset  |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.   | Chroni Rhematic Musicardit ?   |
| 9. Industry or business in which  |  |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and |  |
| - this occupation (month and Spellt III till 2  |  |
| year) occupation occupation   | Other Confributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) Daltume Co  | y (leurisy of Dec 27/3   |
| (State or country)  | Carinoma Spleen ?  |
| 13. NAME Jum M. Brey  |  |
| 13. NAME John M. Brent 14. BIRTHERACE (city or town) Bulls City.  | Name of operation Date of  |
| (State of country)  | What test confirmed diagnosis? Chancel Was there an au'opsy?   |
| 15. MAIDEN NAME Tertruje Joursa Boh   | 23. If death was due to external causes (VIOL ENCE) fill in elso the following:                                    |
| 15. MAIDEN NAME Gertrugte Jouisa Boh  | Accident, suicide, or homicide? Date of injury, 19   |
| (State or country)  | Where did injury occur?  |
| 17. INFORMANT Sustice, Rate Exclestor<br>(Address) 6 3 9 21. Kenwood  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION OF REMOVAL  | Manner of injury   |
| Place & allumore Date an 6th  | 19 36 Nature of injury 5   |
| 10 HADEDTAKED HOLD - 3010   | 24. Was disease or injury Pany way related to occupation of deceased?  |
| 19. UNDERTAKER (Addiess)  | If so, specify   |
| Of the second second  | (Signed) Milliam gurdner n   |
| 20. FILED 199 Reg   | istrard (Address) Coredale.  |
| U U   |  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | - 1           | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BUREAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |  |
|--|--|
| allegaried Cecemed from heatment at John's           |  |
| Hoplan Hop for enlarged Inleen.                      |  |
|  |  |
|  |  |

B.—WRITE PLAI

V. S. No. 1

of OCCUPA.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH   | 107  |
|---|--|
| County Baltimore  | Registration Dist. No. 31  |
| Village or City Hameswille  | No. Liferty 17d St. Ward   |
| rings of vitigation   | (If death occurred in a hospital of institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred in city of city of city of city of city of city of city occurred in city occurred | nosds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME John Black Miller  | If U. S. Veteran, specify WAR  |
| (a) Residence: No. Warrisouville  | St Ward.   |
| (Usual place of abode)  | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,  | 21. DATE OF DEATH  |
| OR DIVORCED (write the word)  | Gamary 7, 1936   |
| 5a. If married, widowed, or divorced  | (Month) (Day) (Year)   |
| (or) WIFE of Julia Me. S. Miller  | 22. I HEREBY CERTIFY, That I attended deceased from  |
|   | Dec 15, 1930, to Jan 18, 1936  |
| 6. DATE OF BIRTH (month, day, and year) May 13 1849   | I last saw have alive on Jane 018, 1936 ; death Is said                                      |
| 7. AGE Years Months () Days If LESS than  | to have occurred on the date stated above, at  |
| 76 8 4 I day,hr   | THE FRINCIPAL CAUSE OF BEATH and leaded causes of importance                                 |
| Trade profession or particular  | Data of onset  |
| o Kind of work done, as SPINNER, Settled Farmer   | Brosel Land  |
| 9 Industry or husiness in which   | lattouche famma a fan 16   |
| work was done, as SILK MILL, SAW MILL, BANK, etc  | - Henerolle and anders   |
| O 1D. Date deceased last worked at 11. Total time (years)   | Belerasio  |
| year) spent in this July  | Other Cantributary Causes of importance:   |
| 12. BIRTHPLACE (city or town)   | Other Cantibutary Causes of Importance.  |
| (State or country) 2002.  |  |
| 13. NAME John & Miller  |  |
| Ξ //  | Name of execution  |
| 4 14. BIRTHMACE (city or town)  | Name of operation  |
|   | What test confirmed diagnosis? Was there an autopsy?   |
| T   | 23. If death was due to external causes (VIOLENCE) fill in also the following:               |
| 16. BIRTHPLACE (city or town) Eleanor C /3 lack   | Accident, suicide, or homicide? Date of injury19   |
| (State or country)  | Where did injury occur? (Specify city or town, county and State)                             |
| 17. INFORMANT That John Doniller  | Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.                    |
| (Address) Pandallstown me   |  |
| 18. BURIAL, PREMATION, OR REMOVAL   | Manner of injury   |
| Mynatian Guilly Date Jaw. 1930  | Nature of injury   |
| 19. UNDERTAKER HELL LOSEL Jul.  | 24. Was disease or injury in any way related to occupation of deceased?                      |
| (Address) syscerille md.  | If so, specify   |
| 20 FILED Jan 21 19 36 Wm & martin   | (Signed Som, Z. Martin, M.D.   |
| 20. FILED Jan 21, 19:36 WM & PHWCUM  Registrar.   | (Address) Randalleloma Ma  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 11            | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis FED 6 1836  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Control of the Contro |               |  |               |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 00241  |
|--|---|
| 1. PLACE OF DEATH  | 92-0  |
| County Baltinore   | Registration Dist. No. 37   |
| Village or City Balta, bo, almo House  | No. Terfer M. A. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 2. F. yrs. T. mos.                | 20 ds. How long in U.S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME I endinged Mangar   | If U.S. Veteran apecify WAR.  |
| (a) Residence: No. Tetas Md  | St., Ward.  |
| (Usual place of abode)   | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | MEDICAL CERTIFICATE OF DEATH  |
| male white Single  | 21. DATE OF DEATH  January  (North)  (Day)  (Year)  |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of                               | 22. I HEREBY CERTIFY, That i attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year)  | West saw h undalive on June 125 1931 double said  |
| 7. AGE Years Months Days If LESS than  | to heve occurred on the date safed abova, at  |
| 73 3 4 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related auses V importance   |
| R Trade profession or particular   | were es follows:  Date of one et  |
| kind of work done, as SPINNER, Farm Labor  | (Wery) classis  |
| 9. Industry or business in which work was dona, as SILK MILL,                              |   |
| SAW MILL, BANK, etc  | arthe Regunqueto 14   |
| yaar)occupation  | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town).  (State or country) B altamore Country                      |   |
| 13. NAME Under   |   |
| 13. NAME  14. BIRTHPLACE (city or town)  | Neme of operation Date of   |
| (State of country)   | What tast confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)   | 23. If death was due to external causes (VIOL ENCE) fill in elso the following:                                     |
| 6 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Date of injury, 19  |
| State or country)  | Whera did injury occur?   |
| 17. INFORMANT Battimore loc. also House  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Mennar of injury Love   |
| Place De alto la a Mars fars para 28 1936  | Nature of injury  |
| 19. UNDERTAKER William la Browks & Son<br>(Address) Siegales Med.                          | 24. Was disease or injury in any way related to occupation of deceased?   |
| 20. FILED Jan 27, 1936 William & Chiloso   | (Signed) OR DREAM AND M. D  |
| Allend   | 2411 N. Charles Street, Baltimore, Requesting V. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis FEB 6 1938                                      | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | Vuly 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

V. S. No. 1

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 100242  |
|--|--|
| 1. PLACE OF DEATH ,  | 925  |
| County Balturore   | Registration Dist. No.   |
| Village or City Catousvelle,   | No. Warlem fodge St., Ward   |
| Length of residence in city or town where death occurred /yrs&mos  | f death occurred in a hospital or institution, give its NAME instead of street and number)  s                      |
| 2. FULL NAME MORGAN LAURA E  |  |
| (a) Residence: No. Manuire of ton  | West Vwas  |
| (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 7. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH  (Month) (Day) (Year)  |
| 5a. If matried, widowed, or divorced HUSBAND of  | 22. I HEREBY CERTIFY. That I attended deceased from  |
| (or) WIFE of   | 22. I HEREBY CERTIFY, That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year) 200 second   | Mast saw h_sh_ alive on Lanuary 4 , 1936; death is sale  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, atm.  |
| 1 day,hrs. ormin,  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                     |
| 8. Trade, profession, or particular kind of work done as SPINNER.  | Broughettes Curs   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and | Che my acardeles hour  |
| work was done, as SILK MILL, SAW MILL, BANK, etc.  |  |
| 10. Date deceased last worked at this occupation (month and year)  |  |
| 12. BIRTHPLACE (city or town)  | Other Coutributary Causes of importance:   |
| (State or country) West Va.  |  |
| II 13. NAME Unfanous   |  |
| 14. BIRTHPLACE (city or town)  | Name of operation  |
| 15. MAIDEN NAME Unknown  | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                     |
| 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Date of Injury, 19   |
| S (State or coun'ry)   | Where did injury occur?  |
| 17. INFORMANT Schehard Hospital (Address) Toleron Md.  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURHAL, CREMATION, OR REMOVAL  | Manner of Injury   |
| Place Junnington to tra Date Jan 14, 1936  | Nature of injury   |
| 19. UNDERTAKER Harry H witzle  | 24. Was disease or injury in any way related to occupation of deceased?  |
| (Address) H101/6dm andson an   | If so, specify   |
| 20. FILED. 19. 19. 10.   | (Signed) (1) Number A. M. D. (Address) Harley Loolog   |
| Registrar.   | (Modiess)  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Calousvelle

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones 41 NV   | May 1,1923    | Gastroenteritis  | 1 year        |  |
| St. Page   |               |  |               |  |

V. S. No. 1

| STATE | OF | MARYLAND—CERTIFICATE | OF | DEATH |
|-------|----|----------------------|----|-------|
| ATH   |    | (95.2)               |    |       |

| 1) | 11 | () | A | 1) |
|----|----|----|---|----|
| 0  | U  | 4  | 4 | () |

| 1. PLACE OF DEATH   | (95.2)   |
|---|--|
| / County Bullo  | Registration Dist. No. 3 <sup>D</sup>  |
| Village or City Rustustown M.   | NoSt., Ward  |
| 1   | (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S.If of foreign birth?yrsmosds.  |
| (a) Residence: No (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,  |  |
| Male Ithite Single (price the word)   | ) an 25, 193 6<br>(Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  | 22. JHEREBY CERTIFY, That I attended deceased from  25, 1936, to 25, 1936  |
| 6. DATE OF BIRTH (month, day, and year) July 4 / 8 4 9  7. AGE Years Months Days If LESS than 1 day,h ormin.  | The state of the s |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  | Cardes. Janandor Divise ago  |
| 11. Total time (years) spent In this occupation year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. Total time (years) spent In this occupation  Country  A Balto  CO  State or country) | Dther Contributory Causes of Importance:   |
| CSTATE OF COUNTY)   |  |
|   |  |
| 14. BIRTHELACE (city or town) Mass.   | Name of operation Date of  |
| White the state of  | What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  |
| Placest Thomas Cemetry Date Jaw. 28 193   | Manner of Injury Nature of injury  |
| 19. UNDERTAKER J. F. Cline & Sons (Address) Dustustown md   | 24. Was disease or injury in any way related to occupation of deceased?  If so, specify  |
| 20. FILED Jany 27, 1926 JA MALES  | (Signed) (Address) Revales lower Dred M. D.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago                |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that It may be proporly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. RECORD 3 ANEN MARGIN RESERVED FOR BINDING Y, WITH UNFADING INK--THIS IS A PE WRITE D V. S. No. 1

| PLACE OF DEATH  | STATE OF MARYLAND  |
|---|--|
| /County Daltimore   | CERTIFICATE OF DEATH   |
| 1 11  | Registration Dist. No. 28  |
| Village or City Lowson (No. 523 Aller<br>2FULL NAME Thomas Peter                          | tion, give its NAME is -   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| Mule White Single, Marriel Mule White (Write the word)                                    | 16 DATE OF DEATH January 31 , 192 6  |
| 6 DATE OF BIRTH  October 12, 1873  (Month) (Day) (Year)                                   | 17 I HEREBY CERTIFY, That I attended the deceased from 1926 to Jun 3 / 1926 that I last saw h Man alive on Jun 3 / 1926                          |
| 7 AGE 6 2 yrs. 3 mos. 19 ds. or min.?   | and that death occurred on the date stated above, at 10:30 p.m. The CAUSE OF DEATH * was as follows:  Chronic Chronic Chronic                    |
| (a) Trade, profession or general Contractor   | Nefhritis  |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) 3 yrs mos ds.   |
| 9 BIRTHPLACE (State or country) Texus. Maryland   | Contributory Secondary  (Duration)  yes mos 10 ds.   |
| 10 NAME OF Thomas Murray  | (Signed) J. D. Sellman y. D.   |
| OF FATHER  (State or country)  (State or country)   | *State the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Many Bannahan   | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)   |
| 13 BIRTHPLACE OF MOTHER (State or Country)  The land                                      | At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,   |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  | if not at place of dea h?  |
| (Informant) Mrs Rase to Murray  | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL   |
| (Address) 323 Alleghan  | St Joseph Country La Feb. 4, 1936  |
| 15 Filed 11 3 36 William Star   | Ehre Hi Conklin 924 & Eager A  |
| If more b.anks are needed, addre.s Ltate Negistra   | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Balto 9110  |

00244

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., Wilnum laborer, Farm laborer, Laborerwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (representation) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cool Housemaid, etc. If the occupation has been change to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or Al Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g.. Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day For persons who have no occupation -Coal minc, etc. Wom-Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospital fever (the only definite synonym is "Epidemia cerebrospital", inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E:haustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage, telanus may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, taken. For violent deaths state means of injunc State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, "Atrophy," "Collapse, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease " "Coma," "Convulsions, etc. The contributory

anywered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | i i           | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and lated causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:   | 1             | Other contributory causes of importance:   |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

V. S. No. 1

| STATE OF MARYLAND-   | CERTIFICATE OF DEATH  |
|--|---|
| 1. PLACE OF DEATH  | CERTIFICATE OF BEATTI   |
| County Batternore  | Registration Dist. No.  |
| Village or City Edgemes .  | No. Edward P CO St Ward   |
| (If  | death occurred in a barrial or institution, give its NAME instead of street and number)   |
| Length of residence in city or town where death occurredyrs2mos.   |   |
| 2. FULL NAME Cora Z Olco   |   |
| (a) Residence: No. Marie (Usual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)                        | 21. DATE OF DEATH  Jan. (Day) (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFFE of William IN Olcott                          | 22. HEREBY CERTIFY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) July 14 1855   | t last saw har aliva on Dec 31 et 1938; death is said   |
| 7. AGE Years Months Days If LESS than  | to have occurred on the data stated abova, at S a. m.   |
| 80 34 /8 1day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causas of importanca were, as follows:   |
| 8. Trade, profession, or particular kind of work dona, as SPINNER ouse work SAWYER, BOOKKEEPER, etc.     | Valvular disease of heat  |
| 9. Industry or business in which work was dona, as SILK MILL, at home SAW MILL, BANK, etc                | mitral regimentation  |
| 10. Date daceasad last worked at this occupation (month and year) occupation conduction (month and year) |   |
| 12. BIRTHPLACE (city or town) Tockhort   | Other Contributory Canses of importance:  |
| (State or country) M. Y.   | Couts Orhendar 21,  |
| 13. NAME Oliver Stafford   | Rhematiem "   |
| 4. BIRTHPLACE (city or town)   | Name of operation   |
| (State or country)   | What test confirmed diagnosis? Lineal Was there an autopsy?   |
| 15. MAIDEN NAME Rachel Olivers   | 23. If death was due to external causas (VIOLENCE) fill in also tha following:  |
| 16. BIRTHPLACE (city or town)  (State or country)  | Accident, suicide, or homicide?   |
| 17. INFORMAN George Stafford   | Where did injury occur?(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.   |
| (Address) marile ane V Edgamere nece 18. BURIAL, CREMATION, OR REMOVAL                                   | Market 1  |
| Place Mix Carmel Date Jan 3, 1936  | Nature of injury  |
| 19. UNDERTAKER John + Denny<br>(Addrass)   | 24. Was disease of injury to any way related to occupation of deceased?   |
| 20. FILED an. 20, 1936 / HU Jamies M.  | (Signad) . (Address) A a company of the company of |
| ( Registrar.   | (nuuros)  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

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| Example I  | i             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| 2 0 0  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
| W A W  |               |  |               |
| 630  |               |  |               |

should state

PHYSICIANS

stated EXACTLY.

AGE should be

certificate.

See instructions on back of

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA.

N. B.

| STATE OF MARYLAND  | CERTIFICATE OF DEATH 00247  |
|--|---|
| 1. PLACE OF DEATH  |   |
| County Balto . , 1   | Registration Dist. No.  |
| Village or City Phormy Ma  | No. St. Ward  |
| (1   | f death occurred in a hospital or institution, give its NAME instead of street and number)  |
| Length of residence in city or town where deeth occurredyrsmos   | sds. How long in U.S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME Jacob A. Parker   |   |
| (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (refrite the word) Male Or  Arrived  | 21. DATE OF DEATH  18 193 6   |
| 5a. If married, widowed, or divorced   | (Month) (Day) (Year)  |
| HUSBAND of alverta Parker.   | 22. I HEREBY CERTIFY, That I attended deceased from  1934, to 2018 1936   |
| 6. DATE OF BIRTH (month, day, and year) Sept 2/1866  | Hast saw h & Ma alive on Same 18 ,193 k; death is said  |
| 7. AGE Years Months Oays If LESS than I day,hrs.   | to have occurred on the date stated above, at J.O.Pm.   |
| 69 4 17 or min.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this program). | Oste of onset   |
| Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  | 1932  |
| SAW MILL, BANK, etc. Awrey   | Thomas Englisher det a Ocal das   |
| 10. Date deceased last worked at this occupation (month and 1934 spent in this 504), year)   | There is the control of the control |
| ll au-see  | Other Contributary Causes of importance:  |
| 12. BIRTHPLACE (city or town) Shawah (State or country)  | arterio Ollervois 1930  |
| 13. NAME Jack Parker.  14. BIRTHPLACE (city or town) Shawan  |   |
| 4 14. BIRTHPLACE (city or town) Shawan   | Neme of operation Date of   |
| (State or country)   | What test confirmed diagnosis? Churcelly Was there an autopsy?  |
| 15. MAIOEN NAME Selvida Swith,  16. BIRTHPLACE (city or town) Montafon  (State or country)   | 23. If death wes due to external causes (VIOL ENCE) fill in elso the following:   |
| 16. BIRTHPLACE (city or town) MWMRJVU (State or country)   | Accident, suicide, or homicide? Date of injury, 19  |
| Ol + Dalac   | Where did injury occur? (Specify city or town, county and State)  |
| 17. INFORMANT MANUAL LARMEN. (Address) Photography And.  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury  |
| Place Trugh Chapel Country Date Jan 22 1936  | Neture of Injury  |
| 19. UNOERTAKER Jones of Chalman (Address)  | 24. Was disease or injury in any way related to occupation of deceased?   |
| he as all of the   | If so, specify The Consort  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Cochey Sville

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis EED   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis AR 5 1930                                       | 1921          | Run over by street car   | 1 week ago    |  |
| Corebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

BINDI FOR MARGIN RESERVED 1. PLACE OF DEATH

193

That I ettended deceesed from

... Was there en autopsy?

(Yeer)

(Day)

(Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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| Arterioselerosis VFT   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage FEB  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| BUREAU V. S.   |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

| Addition of inf. regarding War Service: letter under Dr. Schatanoff - I. | er filed 3-17-36 |
|--|------------------|
|  |                  |
|  |                  |

BIND

RESERVED

MARGIN

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| Chronic interstitial nephritis   | 1921          | Run over by street ear   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| The state of the s |               |  |               |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gostroenteritis  | 1 yeor        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

OCCUPATION

FATHER

important.

plnods

OF

BINDIA

OCCUPA-

plnods

| 1. PLACE OF            | DE      |
|------------------------|---------|
| County Ba              | ltj     |
| Village or Ci          | ty(     |
| Langth of resid        | enca in |
| 2. FULL NAM            | /E      |
| (a) Residence          | e: No.  |
| PERSON                 | AL A    |
| 3. SEX                 | 4. CO   |
| Female                 | W       |
| 5a. If married, widowe | d. or d |

ATH more Glen Arm

Registration Dist. No.

NoFerguson Road (If death occurred in a horpital or institution, give its NAME instead of street and number) city or town where death occurred 28 yrs. \_\_\_mos. \_\_\_ds. How long In U.S. if of foreign birth? \_\_\_\_yrs. \_\_\_mos. \_\_\_ds.

MEDICAL CERTIFICATE OF DEATH

January 20th

What test confirmed diagnosis? Was there an autopsy?

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_, 19\_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE

24. Was diseasa or injury In any way related to occupation of deceased?

Mary E. D. Patterson If U.S. Veteran specify WAR.....

Ferguson Rd. near North Wind Rd Ward. (Usual place of abode)

21, DATE OF DEATH

If nonresident give city or town and State

CERTIEY. That I attended deceased from

Data of onset

muches

a

ND STATISTICAL PARTICULARS LOR OR RACE 5. SINGLE, MARRIED, WIDOWED, nite

OR DIVORCED (write the word)
Married

ivorced HUSBAND of (or) WIFE of

Harry W. Patterson

1857 6. DATE OF BIRTH (month, day, and year) Jan. 30. If LESS than 7. AGE Days 1 day,\_\_\_\_hrs. 20 78 or\_\_\_\_min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ At Home

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_

10. Data deceased last worked at this occupation (month and

11. Total time (years) spent in this occupation \_\_\_

Dulanev 12. BIRTHPLACE (city or town). (State or country) Md

Milton Dance

14. BIRTHPLACE (city or town) Pennsylvania (State or country)

Elizabeth Ferguson

16. BIRTHPLACE (city or town) \_\_\_\_ (Stata or country)

Maryland 17. INFORMANT Mrs. Whiteford.

(Address) Joppa, Maryland 18. BURIAL, CREMATION, OR REMOVAL

Place Harford Baptistoate Jan. 22 19 36

19. UNDERTAKER Belair Road (Address)

Registrar.

If so, specify \_\_\_

Name of operation\_\_\_\_

Manner of injury

Nature of Injury\_\_\_

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED back

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|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |  |
| 88   | 1 7           | C .  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

V. S. No. 1

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 00251   |        |
|--|--|--------|
| 1. PLACE OF DEATH  | 95-6   |        |
| County Battimore   | Registration Dist. No. 335   |        |
| Village or City Freeland RD  | NoSt., W  death occurred in a horpital or institution, give its NAME instead of street and number)                 | ard    |
| Length of residence in city or town where death occurredyrsmos   | ds. How long in U. S. if of foreign birth?mos  | .ds.   |
| 2. FULL NAME: Edward X   | aust   | 2      |
| (a) Residence: No. # Alland (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |        |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |        |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Market Description of the control of the c | 21. DATE OF DEATH  Anuary  (Day)  (Year)   |        |
| 5a. If married, widowed, or divorced HUSBAND of  |  |        |
| (or) WIFE of adella W Lough  | 22. ALLER EBY CERTIFY, That I attended deceased in   | rom    |
| 7-1 50   |  | 150    |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than  | l last saw ( ) alive on Jase ( , 4 3 b; death is   | said   |
| 1. AGE lears months bays if LESS than 1 day,hrs.   | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance     |        |
| O 8   O   ormin.   | were as follows:   | nset   |
| Trade, profassion, or particular kind of work done, as SPINNER,  | arteriosclerosis) 19   | 2 3    |
| SAWYER, BDOKKEEPER, etc.   | Hypertrephy and Dilatation   | 60     |
| work was done, as SILK MILL, SAW MILL, BANK, etc.  | The pervising the vitableon  | 18     |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and 7/9 33 spent in this occupation cocupation occupation occupation.  | grae Neart 174   |        |
| 12. BIRTHPLACE (city or town) By Conny Co<br>(State or country)  | Other Contributory Causes of importance may 19.  | 32     |
|  | - J  |        |
| 13. NAME William & Court  14. BIRTHPLACE (city or town)  | Name of operation none Date of non   | F      |
| (State or country)   | What test confirmed diagnosid? Lugues Legraves there an autopsy?   | RO     |
| 15. MAIDEN NAME Voanna Scott   | 23. If death was due to external causes (VIOLENCE) file in also tha following:                                     |        |
| 15. MAIDEN NAME Joanna Scott  16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Date of injury, 19   |        |
| ₹ (State or country)   | Where did injury occur?  |        |
| 17. INFORMANT MAD. H. 19 March | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |        |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |        |
| Place Middletown Data 1/2 ,1936  | Nature of injury   |        |
| 19. UNDERTAKER Paul II - tenstein (Address) New Freedom Pa   | 24. Was disease or injury in any way related to occupation of deceased? MO   | 7      |
| 20. FILED Jan 13 , 1936 amuel S. Mille & Del Registrat   | (Signed) Lauis Schalanoff (Address) Glenville, Fa  | vi. D. |

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| Example I  |               | Example II   |                           |  |
|--|---------------|--|---------------------------|--|
| The principal cause of heath and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |  |
| Chronic interstitial nephrilis   | 1921          | Run over by street car   | 1 week ago                |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago                |  |
| MIDEAU V. S  |               |  |                           |  |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |  |
|  |               |  |                           |  |
|  |               |  |                           |  |

V. S. No. 1

of OCCUPA-

(Address)

| STATE OF MARYLAND  | CERTIFICATE OF DEATH 00252   |
|--|--|
| 1. PLACE OF DEATH  |  |
| D )/   | Registration Dist. No. 40  |
| Village or City // 1295 Villa  | No. St., Ward  (If death occurred in a hospital nr institution, give its NAME instead of street and number)  mos. St. Ward  (If death occurred in a hospital nr institution, give its NAME instead of street and number)  mos. ds.   |
| 2. FULL NAME George Chalmers 7   |  |
| (a) Residence: No. 3 E. 33 rd (Usual place of abode)   | St., Ward. · Balto MA If nonresident give city nr town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX Mulo  4. COLOR OR RACE OR DIVORCED (write the word married)  5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word married) | 21. DATE OF DEATH  January (Month) 24 , 1936 (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Mackingtosh  | 22. I HEREBY CERTIFY, That I ettended deceased from  Jan 24, 1936, to Jan 24, 1936   |
| 6. DATE OF BIRTH (month day, and year) feb. 2.1885   | I tast saw halive on   |
| 7. AGE Years Months Days If LESS that  | The state of the s |
| 50 11 22 Idey,   | Was as follows:  |
| 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc   | Coronary Thrombosis Data of onset  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc   | Angina Pectoris  |
| ID. Date deceased last worked et this occupation (month and year) this occupation  |  |
| 12. BIRTHPLACE (city or town) Balb. (State or country)   | Dther Contributory Causes of importance:   |
| 13. NAME Harry Perrins   |  |
| 13. NAME Harry Curens  14. BIRTHPLACE (city or town) Slaseow (Stete or country)  | Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?   |
| IS. MAIDEN NAME Mars and Halker  | 23. If death was due to externel ceuses (VIDLENCE) fill in also the following:   |
| 15. MAIDEN NAME Margaret Walker  16. BIRTHPLACE (city or town)  (Stete or country)   | Accident, suicide, or homicide?  |
| 17. INFORMANT Margaret M. Pergina<br>(Address) 3 ( 3) At 18 18 Margaret  | (Specify city nr town, county and State)   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Menner of injury   |
| Plece Balts. Mid Date 1/2 7/ 195   | Neture of injury.  |
| 19. UNDERTAKER John O. Mitchell VIms   | 24. Wes diseese or injury in eny way releted to occupetion of deceased?  |

(Address) King sville Mal. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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| Example I  | -             | Example II   |               |
|--|---------------|--|---------------|
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| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 1997     | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:  Gallstones                           | 9861 O        | Other contributory causes of importance:  Gastroenteritis                      | 1 year        |

| STATE OF | MARYL | AND-CE | RTIFICAT | E OF | DEATH |
|----------|-------|--------|----------|------|-------|
|----------|-------|--------|----------|------|-------|

00253

| 1. PLACE OF DEATH   |                       |  | 92-4   |  |   |
|---|-----------------------|--|--|--|---|
| County Baltin   | nare                  |  | 000  | Registration Dist. No.   | 30                                      |
| Village or City Cator   | sville                |  | Notiarlesse  | ladae.   | St Ward                                 |
| Langth of residence In city or town   | vhera death occurred  | 2 yrs 1 mos  | f death occurred in a hospital or institution. 28 ds. How long In U.S. if  | ution, give its NAME instead of stre   | et and number)                          |
| 2. FULL NAME PIK  | E. CHARL              | OTTA CAT   | HERINE   |  |   |
| (a) Residence: No. 1818   | Y 2. Pa<br>(Usual pla | ey oon   | St., Ward.   | If nonresident give city or to   | wn and State                            |
| PERSONAL AND STAT   | ISTICAL PAR           | TICULARS   | MEDICAL O  | ERTIFICATE OF DEA  |   |
| 3. SEX 4. COLOR OR RAC.   |                       | ARRIED, WIDOWED,<br>CED (write the word)                       | 21. DATE OF DEATH  | mary 16  | , 193.6                                 |
| 5a. If married, widowed, or divorced  |                       |  |  | (Month) / (Day)  | (Year)                                  |
| HUSBAND of<br>(or) WIFE of  | enry Tit              | <e< td=""><td></td><td>Y CERTIFY, That I at</td><td></td></e<> |  | Y CERTIFY, That I at   |   |
|   | L. 0 5                | 10-41  |  | , 19 33, to Januar   | , |
| 6. DATE OF BIRTH (month, day, and year)   | 1200,                 | 1876   | I last saw h alive on  | 1.961  | 934; death is said                      |
| 7. AGE Years Mont   |                       | If LESS than I day,hrs.  | to have occurred on the date state   |  |   |
| 37 1  | 1 //                  | ormin.   | wera as follows:   | TH and related causes of importanc   | e Date of enset                         |
| 8. Trada, profession, or particular kind of work dona, as SPINNEI SAWYER, BOOKKEEPER, etc   | . Trons               | 2_   | Clr. ku  | goeardetes.  |   |
| Kind of work dona, as SPINNE! SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and |                       |  |  |  |   |
| 10. Data deceased last worked at this occupation (month and year)   | SI                    | I time (years)<br>pent in this<br>caupation                    |  |  |   |
| PI  | + 8                   | P  | Other Contributory Causes of Imp   | ortance:   |   |
| 12. BIRTHPLACE (city or town) (State or country)  | way                   |  | Depr   | essean   |   |
| 1 1   | 2 1 2 9               | .00  | acute  | gastretis  |   |
| 13. NAME John H   | enrym                 | uller  |  |  |   |
| 14. BIRTHPLACE (city or town)   |                       |  | Name of operation  | Dat  | e of                                    |
| (State of Country)  | 000                   | 1) 71  | What test confirmed diagnosis?   | Was the  | ra an au'opsy? . Rea_                   |
| 15. MAIDEN NAME ULLICA  | Elizaket              | a Heidunger  | 23. If death was dua to external ca  | uses (VIOLENCE) fill in also the fo  | flowing:                                |
| 15. MAIDEN NAME Quita.  16. BIRTHPLACE (city or town).  |                       | ·/   | Accident, suicide, or homicide?  | Date of injury   | , 19                                    |
| (Stata or country) Ea   | ,                     |  | Where did injury occur?  | /6 /6  |   |
| 17. INFORMANT MIS Daisy Crandol (Address) 1822 M. Sarrarae V.   |                       |  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |  | IC PLACE.                               |
| 18. BURIAL, CREMATION, OR REMOVAL   |                       | (  | Manner of Injury   |  | •                                       |
| Placa Druid Ridg  | Date fa               | n. 18 ,1936  | Nature of injury   |  |   |
| 19. UNDERTAKER Marting (Address)  | Dahen                 | or Jona  | 24. Was disease or injury In eny v   | vay related to occupation of decease   | ed? les                                 |
| 20. FILED Jan 17, 1936  | maishab               | Blook  | (Signed) Low R   | A CONTRACTOR OF THE PARTY OF TH | In M.D.                                 |
| 0   |                       | Registrar.   | (Address) Han  | lem Ladge, G   | stonewell                               |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example-I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis FFR 4 1836  | 1915          | Attack of epilepsy   | 1 week ago    |
| Arteriosclerosis Chronic interstitial nephrilis B 4 1936                       | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

|               |   | 4)   |  |                |
|---------------|---|--|--|----------------|
|               | infor   | state                                      | UPA.   |                |
| M)            | Jo  | pln  | 200  |                |
|               | item  | sho  | of (   | 1              |
|               | Every   | MAIN                                       | ement  |                |
|               | ė.  | YSIC                                       | stat   |                |
|               | RECU  | . PH                                       | Exact  |                |
| ED FOR BINDIN | HIS IS A PERMANENT RECORD. Every item of infor- | be stated EXACTLY. PHYSICIANS should state | be properly classified. Exact statement of OCCUPA- |                |
| BI            | PE  | E  | rly  | ate            |
| FOR           | IS A  | state                                      | rope   | of certificate |
| Q             | IIS   | pe s                                       | be I   | of c           |
| H             | 1   |  |  |                |

| 1. PLACE OF DEATH   | 948  |
|---|--|
| County Baltmore   | Registration Dist. No. 3   |
| Village or City Mrt. Carnel Road (If Length of residence In city or town where death occurred & Layrs. 22 mos   | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)  |
| 2. FULL NAME Charles H. Bitt  | If U.S. Veteran specify WAR. 100.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced   | 21. DATE OF DEATH  Jan 3/ 193 3/ (Year)  (Year)  |
| HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than 1 day,hrs. ormin.   | 22. I HEREBY CERTIFY, That I attended deceased from 1976, to 1976, |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. Total time (yeers) spant in this occupation Occupation  14. Cannel  Road | Other Contributory Causes of Importance:   |
| (State or country)    13. NAME   13. NAME   14. BIRTHPLACE (city or town)   15. Ca   9nd  | Name of operation.  What test confirmed diagnosis? Classes  Was there an autopsy? Say  |
| 15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT A Shares  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Machinel  Oate Feb. 7, 1936e   | 23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  |
| 19. UNOERTAKER Word C. Berole of Sur<br>(Address)  20. FILE LIST 1936 Malwey Bother Registrar.  | 24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  M. D.  |

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | and the same of th | Example II   |               |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset  | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915   | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis FR  | 1921   | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927  | Peritonitis  | 3 days ago    |
| Block V.S.   |  |  |               |
| a do a servicio  |  |  |               |
| Other contributory causes of importance:                                       |  | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923   | Gastroenteritis  | 1 year        |
|  |  |  |               |
|  |  |  |               |

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| Example I  | i                                     | Example II   |               |
|--|---------------------------------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:   | Date of onset                         | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis J. A. 1997  | 1915                                  | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921                                  | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927                           | Peritonitis  | 3 days ago    |
| Annual control |                                       |  |               |
| Other contributory causes of importance:   |                                       | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923                            | Gastroenteritis  | 1 year        |
|  |                                       |  |               |
|  | · · · · · · · · · · · · · · · · · · · |  | 1             |

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis FED 9 1936  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  | age to world  |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

V. S. No. 1 N. B.

| 1          | STATE OF MARYLAND—   | CERTIFICATE OF DEATH   | 00257            |
|------------|--|--|------------------|
| 1          | 1. PLACE OF DEATH  | (3)  |                  |
|            | County Baltingory  | Registration Dist. No.   | 8                |
|            | Village or City Tarkwile   | No. /aylor & Chestmut and, death occurred in a hospital or institution, give its NAME instead of street and  | Ward Number)     |
|            |  |  |                  |
|            | 2. FULL NAME Johanna M. Ran  | If U.S. Veteran specify WAR.   |                  |
|            | (a) Residence: No. Taylor & Chestrut aves  |  | d State          |
|            | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |                  |
| 3.         | SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)                         | 21. DATE OF DEATH  | , 1926           |
| 5a         | . If married, widowed, por diversed  | (Month) (Day)  | (Year)           |
|            | If married, widowed, or divoced HUSBAND of (or) WIFE of Arm a. Ran                                     | 22. I HEREBY CERTIFY, That I attende   | d deceased from  |
| 6.         | DATE OF BIRTH (month, day, and year Fell, 13th 1853  |  | 6; death is said |
| 7.         | AGE Years Months Days If LESS than   | to have occurred on the date stated above, atm.  |                  |
| 1          | 82 /0 26 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:                               | Date of onset    |
| NO         | 8. Trade, profession, or particular kind of work done, as SPINNER, Off Hornes SAWYER, BOOKKEEPER, etc. | -P   | Prior to         |
| OCCUPATION | 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc                       | nephrilis  | 1940             |
| 13         | SAW MILL, BANK, etc  |  |                  |
| ŏ          | this occupation (month and spant in this year) occupation  | Throme my ocarditio  | Orion !          |
|            | 1/ackanana   | Other Contributory Causes of Importance:   | 1728             |
| 12         | BIRTHPLACE (city or town).  (State or country)   |  |                  |
| 2          | 13. NAME ? Greenwold   |  |                  |
| ATHER      | 14. BIRTHPLACE (city or town). Limenson  | Name of operation 10012 Date of  |                  |
| F          | (State or country) Lehmany   | What test confirmed diagnosis? Zuranalysso. Was there are  |                  |
| ER         | 15. MAIDEN NAME Unkangunt  | 23. If death was due to external causes (VIOLENCE) fill in also the following                                |                  |
| OTHER      | 16. BIRTHPLACE (city or town) Vinhenoun  | Accident, suicide, or homicide? Date of injury   |                  |
| X          | (State or country) Sermany   | Where did injury occur?  |                  |
| 17         | INFORMANT Mis. Joseph. Philler   | (Specify city or town, county and St<br>Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC F | ate)<br>LACE.    |
| 18         | BURIAL CREMATION OR REMOVAL  | Manner of injury   |                  |
|            | Platern anelly Dato Jan. 1/ 1836   | Nature of injury   |                  |
| 10         | , UNDERTAKEN Trederick Languagem Jons  | 24. Was disease or injury In any way related to occupation of deceesed?                                      | no               |
| 1          | (Address) 1401 Belair Avad   | If so, specify   |                  |
| 21         | FILED 1/10 1936 a. W. Bacon  | (Signed) G. M. Sacon   | M. D.            |
|            | Registrar.   | (Address) Samula   |                  |

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|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows:   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis [ ] 1000  | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |  |
| AU V. S.   |               |  |               |  |
| and the contract of the contra |               |  |               |  |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onse

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BUNEAU V.S.  |               | the and the  |               |
| Other contributory causes of importance:   | - 17 54 11    | Other contributory causes of importance:   |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 00259   |
|---|--|
| 1. PLACE OF DEATH   | 740  |
| County Daltings   | Registration Dist. No. 4   |
| Village or City Balulu  | No. Cucu Beuch Roads. Ward   |
| (If Length of residence in city-or town where death-escurred  | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? Advers. mos. ds. |
| 2. FULL NAME Loly Klid  | 100 m or 1 or  |
| (a) Residence: No. Wou Beach Road   | 0. 10. 1   |
| (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3, SEX 4. COLOR OR RACE OR DIVORCED (write the word)  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| 5a. If married, widowed or divorced HUSBAND of (or) WIFE of   | 22. I HEREBY CERTIFY. That I ettended deceased from 1935 to Cur 23 1935  |
| 6. DATE OF BIRTH (month, day, and year) While \ - 18 \$3  | I last saw h. la alive on San 250 1936 death is said   |
| 7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, at 7 50 9 m.  |
| 5.2 -9 24 1 dey,hrs.  | The PRINCIPAL CAUSE OF DEATH and selated causes of importance (were as follows:  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.   | John Premone Ples!   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this corruption (month and the control of |  |
| 10. Date deceased last worked at this occupation (month end pear) 11. Total time (years) spent In this occupation   |  |
| 12. BIRTHPLACE (city or town) Combaid 40 (State or country)   | Other Contributory Causes of Importence;   |
|   |  |
| 13. NAME LONG City or town) Cumbudge  | Neme of operation Date of  |
| (State of country)  | What test confirmed diagnosis? Was there an autopsy? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
| 15. MAIDEN NAME Jourse Winds  16. BIRTHPLACE (city or town)   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?                                      |
| E (State or country) Multipluted (4)  | Where did injury occur?  |
| 17. INFORMANT douise wood ( Daughle) (Address) Owen Bench Road Ballita  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                   |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of Injury   |
| Place Ma Cishum Carety Date Jan 274, 1936   | Neture of injury   |
| 19. UNDERTAKER MOMMALY STANGERS 210190 Secretary  | 24. Was disease or injury in any way related to occupation of deceased?  |
| 20. FILED 1/27/3619 Dorleannel Registras.   | (Signed) A. M. D. (Address) Balulus maryland M. D.   |
| If more blanks are needed, address State Registrar.   | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| ,  | 44            |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

V. S. No. 1

BINDI

FOR

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MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Date of onset

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| Example I  | 1 1           | Example II   |               |
|--|---------------|--|---------------|
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| Arteriosclerosis FGD 5 1926 1  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   P.   W S.  | July 5, 1927  | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| STATE OF MARYLAND   | -CERTIFICATE OF DEATH 00261   |
|---|---|
| 1. PLACE OF DEATH   | (14.A)  |
| County 1945   | Registration Dist. No.  |
| Village or City Sittle 3  | No. St., War  |
| Length of residence in city or town where death occurredyrs.                        | (If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmosd |
| 2 FILL NAME LOGELL Y Roys   | ulla  |
| (a) Residence: No   | St. Ward.   |
| (Usual place of abode)  | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |   |
| Male Trule married  | (Month) (Day) (Year)  |
| HUSBAND of Coastan a. H. Remarkl  | 22.   I HEREBY CERTIFY, That I attended deceased from   |
| 80 7 11/71  | 1920 to Jall 2 , 1930   |
| DATE OF BIRTH (month, day, and year)  | I fast saw h sur alive on faut, 1906 a; death is sa   |
| AGE Years Months Days If LESS that 1 day,   | The PRINCIPAL CAUSE OF DEATH and related causes of Importance   |
| S. Trade, profession, or particular   | were as rollows:  |
| SAWYER ROOKKEEPER atc. Jorani Color   | apaplexed - 1/2/3   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc   | J   |
| 10. Date deceased last worked at this occupetion (month end year) occupation        |   |
| 12. BIRTHPLACE (city or town) Balts July  | Other Contributory Canses of importance:  |
| (State or country)  | - Urterio selerases link  |
| 13. NAME John Coynolds  |   |
| 14. BIRTHPLACE (city or town)   | Name of operation Date of   |
| (State of country)  | What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME LYCLE DELLE   | 23. If death was due to external causes (VIOLENCE) fill In also the following:  |
| 15. MAIDEN NAME Lydia Language  16. BIRTHPLACE (city or town)  (State or country)   | Accident, suicide, or homicide? Date of injury, 19  |
| (State or country)  | Where did Injury occur? (Specify city or town, county and State)  |
| 7. INFORMANT Clasury U. D. Maynolds (Address)                                       | Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.   |
| 8. BURIAL, CREMATION, OR REMOVAL - I Gaz Jan 4                                      | Manner of injury  |
| Place Trinty Camel 7 Date for 4 , 193   | Nature of injury  |
| 9. UNDERTAKER Classic & Cullyr (Address)  | 24. Was disease or injury in eny way related to occupation of deceased?   |
| 20. EN 3 B ( ) 15 Tell N M Hammy  | (Signed) Sull Lully (M.   |
| Registryft.  If more blanks are needed, address State Regist                        | rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage FFB  | July 5,1927   | Peritonitis  | 3 days ago    |
| BEHAVE V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       | -5.4          |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  | ·             |
|  |               | 3  |               |

mation

S. No.

TION

10. Date deceased last worked at

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town (State or country)

15. MAJOEN NAME

(Address)

19. UNOERTAKERZIA

(Address)

13. NAME

FATHER

OTHER

this occupation (month and

infor

OCCUPA

11. Total time (years) spent in this

occupation ...

Name of operation.

What test confirmed diagnosis?\_\_\_ Was there an autopsy?\_\_\_\_\_

(Year)

Date of onset

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_

Where did Injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of Injury

If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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| Chronic interstitial nephritis FER 3   | 1 1921        | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Perilonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis .  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--|------------|-------|-----|---------|------------|----|-----------|
|--|------------|-------|-----|---------|------------|----|-----------|

9-54



| STATE OF MARYLAND  | CERTIFICATE OF DEATH 00264  |
|--|---|
| 1. PLACE OF DEATH  | 39  |
| County Jalanon   | Registration Dist. No. 30   |
| Village or City Incelanswill   | Mod St. Ward  |
| Length of residence In city or town where death occurred 66 yrs 2 mos  | death occurred in a horpital or institution, give its NAME instead of street and number)  2.2 ds. How long in U.S. if of foreign birth? |
| Charles & Malana   | on tong in 0.5.1 of foreign partitionary 15   |
| 2. FULL NAME CHURCH CONSTRUCTION OF THE CONSTR | Very Clark  |
| (a) Residence: No. 1 (Jung / Ly Mar / St Common (Usual place of abode)   | Mard.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)  | 21. DATE OF DEATH 22  |
| Mesmale While Widower  | (Month) (Day) (Year)  |
| 5e. If married, widowed, or divorced HUSBAND of  | 22. I HEREBY CERTIFY, That I ettended deceased from   |
| (or) WIFE of William O. Roclecke   | 0 ct 2 1936 to Lucy 22 19 36  |
| 6. DATE OF BIRTH (month, day, and year) Yun . 30, 1569   | I last saw her alive on Herry 22 19.36; deeth is said   |
| 7. AGE Years Months Days I If LESS then  | to have occurred on the date stated above, at   |
| 66 // 22   1 day,hrs. ormin.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8. Trade, profession, or particular kind of work done, as SPINNER,   | Date of onset   |
| SAWYER, BOOKKEEPER, etc.   | Deabeles Meletins theful  |
| 9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  | · · · · · · · · · · · · · · · · · · ·   |
| 10. Date deceased last worked at this occupation (month end spant in this  |   |
| year) occupation occupation  | Other Contributory Canses of importance:  |
| 12. BIRTHPLACE (city or town) Balls MU   | Dubelee guypen at leg   |
| 10. Date deceased last worked at this occupation (month end year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Date of Bulleline (years) spant in this occupation  (State or country)   | ampulation of relief  |
|  |   |
| 14. BIRTHPLACE (city or town) / State or country)  | Name of operation any control Date of Date of   |
| A Day V To   | What test confirmed diagnosist CLF 1 Vy Was there an au'opsy? 200   |
| E  | 23. If death was due to external causes (VIOL ENCE) fill in elso the following:   |
| O 16. BIRTHPLACE (city or town) (State or country)   | Accident, suicide, or homicide? allesses bate of injury hely 27, 19 35.  Where did injury occur? 40 6 W. Balty St.                      |
|  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                      |
| 17. INFORMANT (Address) Colling of Once Blandsuy   | Lesterecul ( woodland Farms Fre   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Menner of injury of required against table ley  |
| Place deskulm / R. Date fun 2 /, 1932  | Nature of injury Bruse to Runge toe   |
| 19. UNDERTAKER Q. HAWAY ENGINE   | 24. Was disease or injury in any way related to occupation of deceased? Cleaned   |
| (Address) 1108-02 A 6-40ly /11   | It so, specify lateret usarhing in reto be.   |
| 20. FILED 1/1/19- All Sudical  | (Signed)  |
| Registrar.   | (Address) 3321- Flews ave   |
| If more Daks are neded, address Space Registrar,   | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.  |

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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:  Gallstones                           | May 1,1923    | Other contributory causes of importance:  Gastroenteritis                      | 1 year        |

V. S. No. 1 N. B.—

|             | STATE OF MARYLAND—  | CERTIFICATE OF DEATH 0020  | 3.5      |
|-------------|---|--|----------|
|             | 1. PLACE OF DEATH   | 940  |          |
|             | County Galtimore  | Registration Dist. No. 44  |          |
| 1           | Village or City 6 hesaco Cark (If   | NoSt.,death occurred in a hospital or institution, give its NAME instead of street and number)   | Ward     |
| /           | Length of residence In city or town where death occurred Q_Q_yrs,mos_                       | ds. How long in U.S. if of foreign birth?yrsmos  | ds.      |
|             | 2. FULL NAME Louis Ofolmer  | If U.S. Veteran specify WAR.   | 4400000  |
|             | (a) Residence: No. to the saca + Monthura (Usual place of abode)                            | Towe. Ward.  If nonresident give city or town and State  |          |
|             | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |          |
|             | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Widower                          | 21. DATE OF DEATH  AMULIAN (Month) (Day) , 193 (Yei  | 2<br>ar) |
|             | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Roemer                    | 22.   HEREBY CERTIFY That I attended deceased  | Pirom 36 |
|             | 6. DATE OF BIRTH (month, day, and year) July 27th 28th/870                                  | Hast saw h And alive on and 33 19 36: death  | is sald  |
| care        | 7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, at  | 10 0010  |
|             | / 1 26-27 I day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance  |          |
| 133         | 0   | were as follows:   | oneet    |
| 1           | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. |  | 1:/20    |
|             | A lindustry or business in which  |  |          |
| Dack        | work was done, as SILK MILL, SAW MILL, BANK, etc  |  |          |
| 100         | 11. Total time (years) this occupation (month and spant in this                             |  |          |
| 2           | year) 0. 7. 19.35 occupation 5.0  | Dther Contributory Causes of importance:   |          |
| 213         | 12. BIRTHPLACE (city or town) Sermany   | princi della |          |
| mstructions | (State or country)  | Arterio selerson 3   | efra     |
| Itis        | II 13. NAME Ludwig Poemer   | angena Preximi   | +        |
|             | 13. NAME Ludwig Goemen  14. BIRTHPLACE (city or town) Jermany                               | Neme of operation Date of  |          |
| 220         | (State or country)  | What test confirmed diagnosis? Was there en autopsy?.  |          |
|             | 15. MAIDEN NAME Unknown   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   | THE      |
| mportant.   | 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)                          | Accident, suicide, or homicide? Date of injury 19  |          |
| 100         | State or country)   | Where did injury occur?  |          |
|             | 17. INFORMANT Mr. Geo Poemer  | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.   |          |
| very        | (Address) Franklow ave.   |  |          |
| Š           | 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury   |          |
| 7           | Place Parkewood Consto Jan 27, 1936   | Nature of injury   |          |
| 1100        | 19. UNDERTAKER Fredh Lassahn & Son  | 24. Was disease or injury In eny way related to occupation of deceased?  |          |
| 1           | (Address) 7401 Oselan grd.  | If so, specify 1 to the formann  | М. В     |
| )           | 20. FILED 123/ , 1936 John S. Grandy.   | (Signed) 11 Marine 1 Trumamin (Address) 2) 9/3/6: Baltiman   | 21       |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | i i           | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BURBAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

#### STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred / J vrs... How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ Statement If U.S. Veteran apecify WAR..... PHYSI If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 19..... to..... 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Years Days If LESS than to have occurred on the date stated above, at \_\_\_ The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..\_\_\_ OCCUPATION may 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that 12. BIRTHPLACE (city or town) \_\_\_ (State or country) HER 13. NAME See FAT Name of operation. 14. BIRTHPLACE (city or town) plain md. (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ carefully MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) bluods 17. INFORMANT. very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Nature of injury\_\_\_\_ LION 19. UNDERTAKER (Address) If so, specify

Registrat

26 1936

(Year)

Date of enset

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury In any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis EED   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis 4   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| V. N.  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
| ACAMEDICAL DE LA COLLEGIO  |               |  | 24            |

V. S. No. 1

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH   |
|--|--|
| 1. PLACE OF DEATH  | 48 01  |
| County Ballo Sounty  | blesoco bab Registration Dist. No. 44  |
| Village or City  | No   |
| (1)  | death occurred in a hospital or institution, give its NAME instead of street and number)                           |
| Length of residence in city or town where death occurredyrsyrs   | ds. How long In U. S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME Mary Clen K   | uth  |
| (a) Residence: No. Sataro Que Malmit   | Qat, Ward,   |
| (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.   | MEDICAL CERTIFICATE OF DEATH   |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH  |
| 5a. If married, widowed, or divorced   | (Month) (Day) (Yaar)   |
| HUSBAND of Cory WIFE of  | 22. ON I HEREBY CERTIFY, That I attended deceased from   |
| form of faces  | Mow 1 1035 to Jan 11 1936  |
| 6. DATE OF BIRTH (month, day, and year) March 5  | i last sawher alive on Jan - 1/ 19 36 death is said  |
| 7. AGE Years Months Days If LESS than  | to have occurred on tha date stated above, at  |
| 6H 10 6 1day,hrs.  | The PRINCIPAL CAUSE OF LEATH and related causes of importance were as follows:                                     |
| 8. Trada, profession, or particular kind of work dona, as SPINNER,   | Date of onset  |
| SAWYER, BOOKKEEPER, etc.   | Carcinoma of ?   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.   | uterus I.  |
| 10. Date deceased last worked at 11. Total time (years)  |  |
| this occupation (month and spent in this occupation occ |  |
| 12 BIRTHINI ACE (siturateurs)  | Other Contributory Causes of Importance:   |
| 12. BIRTHPLACE (city or town)  |  |
| E 13. NAME WALLANDS DOOR TO  | - Co-Ne  |
| 13. NAME William Sorvan  | Name of acception  |
| (State or country)   | Nama of operation Date of Was there an autopsy?  |
| 15. MAIDEN NAME TILL ST. ST. MAIDEN NAME   |  |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?    |
| (State or country)   | Where did injury occur?  |
| 17. INFORMANT Stancia Smith  | (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) by S Rolling   | The second in the court of the second in the court, in nome, of the public place.                                  |
| 18. BURIAL, CREMATION, AR REMOVAL  | Manner of injury   |
| Place New Balledra Date Don H., 1935   | Nature of injury   |
| 19. UNDERTAKER Martin N. E. E. Listoe D  | 24. Was disease or injury in any way related to occupation of deceased?  |
| (Address) 37 S   | if so, specify   |
| 20. FILED Jan. 13, 19.36 Jan & Come M.   | (Signed) A Whytesty M. D.  |
| Registrer.   | (Adress) 96 South Mondera  |
| If more blanks are needed, address State Registrar,  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

111200

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

N. B.

| STATE OF 1. PLACE OF DEATH  | - MARYLAND-                          | CERTIFICATE OF DEATH 00269  |
|---|--------------------------------------|---|
| County  | Baltinerce                           | Registration Dist, Np. 43   |
| Village or City Hale  | thoups                               | No. Wash Black Meas Currer St. R. Walf death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where dea   | th occurredyrs Zmos                  | s. 2 ds. How long in U.S. If of foreign birth?yrs   |
| 2. FULL NAME ( IN A INN   | in Marie                             | Leannell  |
| (a) Residence: Np.  | alithorbe M                          | St. Ward.   |
|   | (Usual place of/abode)               | If nonresident give city or town and State  |
| PERSONAL AND STATISTIC  |                                      | MEDICAL CERTIFICATE OF DEATH  |
| SEX 4. COLOR OR RACE 5  | OR DIVORCED (write the word)         | 21. DATE OF DEATH   |
| . If married, widowed, or divorced  |                                      | (Month) (Day) (Year)  |
| HUSBAND of<br>(or) WIFE of  |                                      | 22. I HEREBY CERTIFY, That I attanded deceased from   |
| DATE OF BIRTH (month, day, and yaar)  | + 1. 1935                            |   |
| AGE Yaars Months  | Days If LESS than                    | to have occurrad on the date stated abova, atm.   |
| .3  | I day,hrs.                           | The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance ware as follows:  |
| 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. | Child                                | Inenomia Magnosed Date of onse  |
| kind of work done, as SPINNER,<br>SAWYER, BOOKKEPER, atc                                    | F-0'                                 | JAN Jarsons   |
| 10. Date daceased last worked at this occupation (month and year)                           | 11. Totat time (yaars) spant in this | Introccrantal hemorrhage and Conche preumania   |
| BIRTHPLACE (city or town) Va alun   | - occupation                         | Other Contributory Causes of importance: cws. R Non-accidental intra-cranial hemorphage , with                                  |
| (State or country) / Calary /   | Balto Co Ynd                         | commissions of warnown et alogy a Prosably due  |
| 13. NAME Outlins Jans   | Ah Seannell                          | to has a recent a consign sound   |
| 14. BIRTHPLACE (city or town)   | Balto Co. mi                         | Neme of operation Dete of   |
| (State or country)  |                                      | What tast confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME Many  | mainia Wolsh                         | 23. If death was due to external causas (VIOLENCE) fill In also the following:  |
| 16. BIRTHPLACE (city or town)   | harman                               | Accident, suicide, or homicide? Date of injury, 19  |
| (State or country) Dallo  | Cely Knos                            | Where did injury occur?   |
| (Address)   | iph Icannell                         | (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.              |
| BURIAL, CREMATION, OR REMOVAL   | 11                                   | Manner of injury  |
| Place Star Chazel   | Date / 9 , 19 35                     |   |
| UNDERTAKER + rank H.  | Jeures                               | 24. Was disaase or injury In any way related to occupation of decaased?   |
| (MODIASS)   | i man                                | If so, specify  |
| D. FILED 1931 9/2/  | whichter                             | (Signad) flathers and Standard Standard   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage FFB 3 1008   | July 5,1927   | Peritonitis  | 3 days ago    |
| page all V. S.   |               |  |               |
| Other contributory causes of importance:                                       | 1             | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

V. S. No. 1

|         | 1    | . PLACE                               |
|---------|------|---------------------------------------|
|         |      | County_                               |
|         |      | Village                               |
|         | -    | Length of                             |
|         | 2    | . FULL                                |
|         |      | (a) Res                               |
|         |      | PERS                                  |
|         | 3, 5 | SEX                                   |
|         | 9    | noke                                  |
|         | 5a.  | If married, w<br>HUSBAND<br>(or) WIFE |
| e.      | 6.   | DATE OF BIR                           |
| cat     |      | AGE                                   |
| rtie    |      | 15                                    |
| of ce   | LION | 8. Trade, p<br>kind<br>SAW            |
| ack     | JPA. | 9. Industry<br>Worl                   |
| Q u     | CCL  | 10. Date de                           |
| o su    | 0    | this<br>year                          |
| ruction | 12.  | BIRTHPLAC<br>(State or                |
| inst    | IER  | 13, NAME                              |
| See     | FATE | 14. BIRTHP                            |
| nt.     | 1ER  | 15. MAIDEN                            |
| porta   | MOT  | 16. BIRTHP                            |
| ery in  | 17.  | INFORMANT<br>(Address                 |
| 200     | 18.  | BURIAL, CRE                           |
| Z       |      | Place_6                               |
| TIO     | 19.  | UNDERTAKE<br>(Address                 |
| -       |      |                                       |

| 1. PLACE OF DEATH  County Balta.   | Registration Dist. No. 43  |                |
|--|--|----------------|
| Village or City Carry  | No. East and St.,  (If death occurred in a horpital or institution, give its NAME instead of street and r      |                |
| 2. FULL NAME William H. Schaff (a) Residence: No. East O. (Usual place of abode)   | If U.S. Veteran specify WAR.  St., Ward.  If nonresident give city or town and                                 |                |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |                |
| SEX 4. COLOR OR RACE OR DIVORCED (write the word)  | 21. DATE OF DEATH  (Month) (Day)   | , 193 (Year)   |
| a. If married, widowed, or divorced HUSBAND of (or) WIFE of  | 22. I HEREBY CERTIFY. That I ettended  aug 23 19.35 to Jany 15   | deceased from  |
| DATE OF BIRTH (month, day, end year) Feb. 28, 1920   | I last saw harris alive on Juny 15 , 1936  | ; death is sai |
| AGE Years Months Days If LESS than 1 day,hi ormin.   | to have occurred on the date stated above, at  | Date of onset  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  | Spongeo Blastoma Multiform<br>(Brain Sumor)  | Knowle         |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and | Malignont Praintumor   | augz:          |
| 10. Date deceased last worked et this occupation (month and year)  |  | -              |
| 2. BIRTHPLACE (city or town) Custing Bay Md. (State or country)  | Other Contributory Causes of Importance:   | sec.1          |
| 13. NAME Wellen Schaffer  14. BIRTHPLACE (city or town) Ballo Male   | Did - D  | -              |
| (State of country)   | Name of operation Effloratory Cranicology Date of What test confirmed diagnosis? Laboratory Was there and      | 1 70           |
| 15. MAIDEN NAME Mary Harple  | 23. If death was due to external causes (VIOLENCE) fill in also the following  Accident, suicide, or homicide? |                |
| 16. BIRTHPLACE (city or town) (State or country)   | Where did injury occur?(Specify city or town, county and State   |                |
| 7. INFORMANT M. H. Schaffer (Address)  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL  | ACE.           |
| 8. BURIAL, CREMATION, OF REMOVAL Place Caracter Date Jan. 18, 19 a   | Manner of injury   |                |
| 9. UNDERTAKER Fredh: Landahut An<br>(Address) 7401 Belair Rdy  | 24. Was disease or injury in any way related to occupation of deceased?  | ho.            |
| 10. FILED //17 1936 89 Int Registrar.  | (Signed) MVVII 12, Julius<br>(Address) 5.5.4.3 Harfort Md  | / C.f.         |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Exa   | mple I   |               | Example II   |               |
|---|--|---------------|--|---------------|
| The principal cause of death of importance were as follow | and related causes   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis  | FAN 1 1936   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis                            | m ray T  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                                       | IDPAU V. S.  | July 5,1927   | Peritonitis  | 3 days ago    |
| b 1   | The second secon |               |  |               |
| Other contributory causes of                              | importance:  |               | Other contributory causes of importance:                                       |               |
| Gallstones  |  | May 1,1923    | Gastroenteritis  | 1 year        |
|   |  |               |  |               |
|   |  |               |  |               |

V. S. No. 1

of OCCUPA.

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH  |
|--|---|
| 1. PLACE OF DEATH  | 130   |
| County Dulleurore  | Registration Dist. No.  |
| Village or City Catonaille   | No. 104 Beauwout Cive St., Ward   |
| Length of residence In city frown where death occurred 15 yrs  | death occurred in a hospital or institution, give its NAME instead of street and number)  |
| to be and have   | A Property of the state of the |
| 2. FULL NAME SOULOWAY SILVE  | (G) W   |
| (a) Residence: No. / D 4 / Security (Usual place of abode)   | Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3.55x 4. COLOR OF RACE OF DIVORGED Frigith word)   | 21. DATE OF DEATH (Month) (5 (Year)   |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of   | 22. I HEREBY CERTIFY, that I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and your 5 /845  | Hast saw h revalive on tan 15 19 3 Greath is said   |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at & fi.m.   |
| 90 3 10 1day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  |
| 8 Trade, profession, or particular kind of work done, as SPINNER, BLACK Smulth   | arterio deleroria ?   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MICH SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Local Emer Mean span in this cocupation   | Cler. Inter at Kee We the floritie 1930   |
| year) occupation (2  | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| 34   | 2 1 7 1 V V V V V V V V V V V V V V V V V   |
| 13. NAME ALCHAEL ALCHA | Name of operation Oate of Oate of   |
| (State or country) Level and   | What test confirmed diagnosis? Cleure al Was there an autopsy?  |
| 15. MAIOEN NAME Weterour   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| 15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)   | Accident, suicide, or homicide? Date of injury, 19  |
| (State or country)   | Where did injury occur? (Specify city or town, county and State)  |
| 17. INFORMANT Albert Aleele (Address) atomorrel a mb.  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL LUL Date SUL. 18, 19.36  | Manner of injury  |
| 19. UNDERTAKER Laston Sous   | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Address) Plycook City   | If so, specify there of the torus   |
| 20. FILEO 1/17/36,9 A Lagragian  | (Signed) M. D.  |
| If more blanks are needed, address State Registrar.  | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Artertoscierosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis FAR A 1938                                      | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BUREAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| STATE C  | OF MARY                        | LAND-                                  | CERTIFICATE OF DEATH 00  | 1271            |
|--|--------------------------------|--|--|-----------------|
| 1. PLACE OF DEATH  |                                |  | 34)  | 8               |
| County Baltimore   |                                |  | Registration Dist. No.   |                 |
| Village or City Parkville                                  |                                | (lf                                    | No. 4 Linganore Ave. St., death occurred in a hospital or institution, give its NAME instead of street and n | Ward            |
| Length of residence in city or town where                  | death occurredL                | Z_yrs,mos.                             | ds. How long in U.S. if of foreign birth?yrsmo   | sds.            |
| 2. FULL NAME William                                       | E. Shaw                        |  | If U.S. Veteran specify WAR. None  |                 |
| (a) Residence: No. 4 Ling                                  | ganore A (Usual place of       |  | St., Ward.  If nonresident give city or town and   | State           |
| PERSONAL AND STATIST                                       | ICAL PARTIC                    | CULARS                                 | MEDICAL CERTIFICATE OF DEATH   |                 |
| 3. SEX 4. COLOR OR RACE White                              | 5. SINGLE, MARR<br>OR DIVORCED | IED, WIDOWED, (write the word) 1 ed    | 21. DATE OF DEATH  January 14th  (Month) (Day)   | , 193_6         |
| 5a. If married, widowed, or divorced                       |                                |  |  |                 |
| (or) WIFE of Margaret                                      | Shaw                           |  | 22. I HEREBY CERTIFY, That I attended to   | deceased from   |
| 6. DATE OF BIRTH (month, day, and year)                    | eb. 3. 1                       | 869                                    | 1 last saw h   | ; death is said |
| 7. AGE Years Months  | Days                           | If LESS than                           | to have occurred on the date stated above, at  |                 |
| 66 11  | 11                             | 1 day,hrs.                             | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:                               | Date of onset   |
| Trada, profession, or particular                           |                                |  | Carranava of   | Date of office  |
| kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc. | Machinis                       | t                                      | Bladde   | 1477            |
| Industry or business in which work was done, as SILK MILL, | Monument                       | al                                     |  |                 |
| SAW MILL, BANK, etc  | 1                              |  |  |                 |
| this occupation (month and 193                             | 5 span                         | na (years)<br>t in this 38             |  |                 |
| 70   |                                |  | Other Contributory Causes of importanca:   | 1000 6          |
| **** **********************************                    | lto.                           |  | Jim o butiline   | 1-1-7-7         |
|  | Md.<br>aw                      | ************************************** | - feel of the feel   |                 |
| E Bo   | lto.                           |  | Name of operation.   | 1755            |
| 14. BIRTHPLACE (city or town) (State or country)           | Md.                            |  | 00'-0  |                 |
|  |                                |  |  |                 |
| I  |                                |  | 23. If death was due to external causes (VIOLENCE) fill in also tha following                                |                 |
| 16. BIRTHPLACE (city or town) Bal (State or country) Md    | to.                            |  | Accident, suicide, or homicide? Date of Injury   | , 19            |
| (State of county)  | 7 (1)                          |  | Where did injury occur?  | e)              |
| 17. INFORMANT Mrs. William                                 |                                | 9                                      | Specify whether injury occurred in ANDUSTRY, in HUME, of in Public Pla                                       | ACE.            |
| (Address) 4 Tinganor  18. BURIAL CREMATION, OR REMOVAL     | e Ave.                         |  | Manner of injury   |                 |
| Place Loudon Park Date Jan. 17, 19.36                      |                                |  |  |                 |
| - 0 0  | assalm .                       | 0.1                                    | 24. Was disease or injury in any way related to occupation of deceased?                                      | rio             |
| 20. FILED ///5 ,1936 Q                                     | - 1 :)                         | Registrar.                             | (Signed) ACI Beach<br>(Address) 44 of Facers   | C M. D.         |
| If more  | e blanks are needed, a         |  | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.   | 14/0            |

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| Example I   |               | Example II   | prob          |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis JAR 7 1936 | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:  | May 1,1923    | Other contributory causes of importance:  Gastroenteritis  | 1             |
|   | 12491,1500    | •  | 1 year        |

of OCCUPA.

|            | S   | TATE C            | F MARY                         | /LAND-           | CERTIFICATE                                   | OF DEA                   | TH M  | 1272            |
|------------|---|-------------------|--------------------------------|------------------|---|--------------------------|---|-----------------|
| 1.         | PLACE OF DEA  | TH /              | 7 . 1                          | -                | 7   | _                        | . /   | 11              |
|            | County  | 11-               | salt                           | 50- Ke           | 0.94  | Registration             | Dist No                                     | 4               |
|            | Village or City   | Spor              | rows f                         |                  | death occurred in a hospital or in            | stitution, give its NAME | St.,  | Ward            |
|            | Length of residence in ci                                 | ity or town water | leath occurred                 | yrsmos           | ds. How long in U.S.                          | if of foreign birth?     | yrsm  | osds.           |
| 2.         | FULL NAME   | 200               | 14000                          | my_              | . Sperial                                     | m                        |   |                 |
|            | (a) Residence: No.  | 218               | (Usual place of                | (abode)          | St., Ward.                                    | If nonresident           | give city or town and                       | State           |
|            | PERSONAL AN   | D STATISTI        | CAL PARTIC                     | CULARS           | MEDICAL                                       | CERTIFICATE              | OF DEATH                                    |                 |
| 3. SE      | emale H   | R OR RACE         | 5. SINGLE, MARR<br>OR DEVORCED | IED, WIDOWED,    | 21. DATE OF DEATH                             | (Month)                  | 1264  | , 193 6         |
| Sa. If     | married, widowed, or divo                                 | rced              | , 00                           | - /              |   |                          | (Day)                                       | (Year)          |
|            | (or) WIFE of Zot  | wara              | Shul                           | udan             | De 16t  | BY CERTIFY               | Y. That I attended                          | deceased from   |
| 6. DA      | TE OF BIRTH (month, day                                   | y, and year)      | M.13                           | 1859             | I last saw here alive on                      | Jan 1/2                  | 14 ,1936                                    | ; death is said |
| 7. AG      | E Years   | Months            | Days                           | If LESS than     | to have occurred on the date's                | tated above, at          | Am.   |                 |
|            | 16  |                   | 29                             | I day,hrs.       | The PRINCIPAL CAUSE OF DI<br>were as follows: | EATH and related cause   | s of importance                             | I Date describe |
| NO         | 8. Trade, profession, or pa                               | as SPINNER.       | Lousin                         | al.              | Constant                                      | o Home                   |   | Date of onset   |
| TA.        | SAWYER, BOOKKEE<br>9. Industry or business in             | which             |                                |                  | WWV Va  | Tyvino                   | rrh Leg.                                    | 63              |
| 5          | work was done, as S<br>SAW MILL, BANK,                    | SILK MILL,<br>etc | (1                             |                  | - nan   | meric)                   |   |                 |
| OCCUPATION | O. Dete deceased last wor<br>this occupation (mo<br>year) | rked at           | II. Total tim                  | in this          | Jan ac  | run Ka                   |   | -               |
|            | 3001/   | 0                 | 0.                             | 91               | Other Contributory Causes of it               | mportence: /             | •   | 4               |
| 12. B      | (State or country)  | 120               | CAT                            | MA.              | free.   | Regru                    | rs!   |                 |
| E I        | 3. NAME Huch  | are 7             | n=XI                           | ale              |   |                          |   |                 |
| FATHER     | 4. BIRTHPLACE (city or to                                 | wa)               | 9 1                            |                  | Name of operation                             | ******                   | Data of                                     |                 |
| 正 ,        | (State or country)  | ,,,,,             | ruca                           | not              | What test confirmed diagnosis?                | Chrical Er               | Was there an a                              | ho              |
| E 1        | 5. MAIDEN NAME  | ly.               | Frem                           | ch.              | 23. If death was due to external              |                          |   |                 |
| MOTHER     | 6. BIRTHPLACE (city or to                                 | 00                | 7                              |                  | Accident, suicide, or homicide?               | 0.11                     | ate of injury                               | 1 10 31         |
| ₹ 1        | (State or country)  | (WII)             | regge                          | nog.             | Where did injury occur?                       | F (                      | down Sto                                    | المحارب         |
| 17. IN     | FORMANT Colu  | varel             | She                            | ydan             | Specify whether injury occurre                | (Specify city or t       | own, county and Stat<br>ME, or in PUBLIC PL | e)<br>ACE.      |
| 18. BI     | JRIAL, CREMATION, OR R                                    | emova             | Shate 1/1                      | 5 ,1936          | Manner of injury Aug Cen                      | wal Cincu                | nen fo                                      | Unes            |
| 19. UI     | NDERTAKER (Address)                                       | m. C              | 2- M                           | ran              | 24. Was disease or injury in an               | y way related to occupa  | tion of deceased?                           | ho              |
| 20, FI     | 0 1018  | 1936 4. 8         | Wenn                           | insho            | (Signed)                                      | A. Jorn                  | les   | MD.             |
|            | t -   | If more           | blanks are needed ad           | Registrar.       | (Address)                                     | 1 //-                    | sovem                                       | У               |
|            |   | -,                | and moraca, au                 | Chart Registrat, | -4-1 11. Chanes Street, Dattimore,            | Axequesting U. S. IVO.   | I.  |                 |

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| Example I  | Example II    |  |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago                |
| Bliveau V S.   |               |  | - g- ug                   |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |
|  |               |  |                           |

PHYSICIANS should state

EXACTLY.

stated

AGE should

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNOERTAKER

20. FILED face

(Address)

mation should be carefully supplied.

of OCCUPA.

Exact statement

N. B.

| STAT  | FOF           | MARVI AND   | CERTIFICATE OF DEATH   | 0040             |
|---|---------------|---|--|------------------|
| 1. PLACE OF DEATH   | LOI           | MANILAND  | CERTIFICATE OF DEATH   | 0273             |
| County Baltur   | aio           |   | (23)   | 3                |
|   |               | 1 R. + F  | Registration Dist. No. 3   |                  |
| Village or City_1/f out   | Mas           | ant, Reesters town  | death occurred in a hospital or institution, give its NAME instead of street and   | number)          |
| Langth of residence in city or tow  | n where daath | occurredyrsmos  | 18 ds. How long In U.S. if of foreign birth? 22 yrsm   | iosds.           |
| 2. FULL NAME 9/42   | nau           | elherr  |  |                  |
| (a) Residence: No. 1729   | N. ass        | letou St., Ballimor (Usual place of abode)                | e Mard. Ward.  |                  |
|   |               |   | If nonresident give city or town and   | l State          |
| PERSONAL AND STA  |               |   | MEDICAL CERTIFICATE OF DEATH   |                  |
| Male 4. color or R.   |               | SINGLE, MARRIED, WIOOWED,<br>OR DIVORCED (write the word) | 21. DATE OF DEATH  January 17  (Month) (Oav)   | , 193            |
| 5a. If marriad, widewed, or diversed HUSBAND of   | 01            | ,   |  | (Idai)           |
| (OF) WIFE OF Yella  | Sh            | err   | Describer 30 1934 to January 17  |                  |
| C DATE OF BIRTH (mark) days and   | . (1          | unt 15. 1887  |  | , 19_5_6         |
| 6. DATE OF BIRTH (month, day, and year 7. AGE Years Mo  | nths V        | Days If LESS than   | to have occurred on the data stated above, at 6. 40Am.   | _; death is said |
| 48  | 5-1           | 2 1 day,hrs.  | Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance  |                  |
| 2 Trade profession or particular  |               | ormin.  | Chrosse Pulmonery Tubuculosis  | Oate of onset    |
| kind of work dona, as SPINI SAWYER, BOOKKEEPER, atc. SINdustry or businass in which work was done, as SILK MIL SAW MILL, BANK, atc  10. Oate deceased last worked at this occupation (month and | IER,          | relor   | The same of the sa | - Anylais        |
| 9. Industry or business in which work was done, as SILK MIL   |               |   | Pulmonay alescers  | 34/200           |
| SAW MILL, BANK, atc   |               | 11 Tatal time (vana)                                      | 1  | - J. J.          |
| this occupation (month and year) i Many Year  | ago.          | 11. Total tima (years) spent in this 20 years             |  | -                |
| 7007  | P             | ·   | Other Contributory Causes of importanca:   |                  |
| 12. BIRTHPLACE (city or town)   | Kus           | ou.   |  |                  |
| 1   | 111 5         | <i>l</i>  |  | -                |
| E   | 2             | ner ·   |  |                  |
| 14. BIRTHPLACE (city or town) (State or country)  | Aus           | eca   | Name of operation  | 77.              |
| 15. MAIDEN NAME &T  | 1.0           | 7   | What test confirmed diagnosis?   |                  |
| Ĭ.  | Pun           | •   | 23. If death was due to external causes (VIOLENCE) fill in also the following  |                  |
| O 16. BIRTHPLACE (city or town)  (State or country)   | Tusa          |   | Accident, suicide, or homicida? Date of injury Whera did Injury occur?   | , 19             |
| 17. INFORMANT(Addrass)  |               |   | (Specify city or town, county and Sta<br>Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PL   | e)<br>ACE.       |
| 18. BURIAL, CREMATION, OR REMOVAL   |               | ξ.  | Mannar of Injury   |                  |
| Place Nebrew Cer  | ne o          | Data/-/7 , 1960   | Nature of Injury   |                  |

Registrar. (Address) Mount Pleasant, Fino ten town Mo
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

24. Was disease or injury In any way ralated to occupation of decaasad?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| , A  |               |  | 7-7-A         |  |
| Other contributory causes of importance:                                       | 7/11-7-       | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  | 1             |  |

M

RGIN RESERVED FOR BINDING
TH UNFADING INK---THIS IS A PI

. S. No. 1.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsints can be known. The queseupation is very important, so that the relative healthstate occupation at 'cginning of illness. If retired from or given up on account of the Disease Causing Death gaged in Comestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; cases, especially in industrial employments, it is neces-Civil engineer. Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons en laborer, Farm laborer, Laborer-Coal mine, etc., Womworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material whatever write None. thred 6 yers.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemuid, etc. If he occupation has been changed Statement of Occupation - Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em-

EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumenia") spinal meningitis"); Diphtheria (avoid use of "('roup"); fever (the only definite synonym is "Epidemic cerebro ed term for the came disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the pis

D. Gundry 4/25/36

Co. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men head of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as Accidental, Suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or eausing death), 29 ds.; Bronchopneumonia (secondstated unless important. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause "Puerperal septicucmia." "Puerperal peritonitis," can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemor vulsions." (secondary or: intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; Poisoned by carbolic acid-probably suicide. The na-.. (mame origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), fer which surgical operation was under (Recommendations on state-Example: Measles Always qualify all Meastes; terminal (merely (disease

-the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

| STATE   | OF MARYLAND-  | CERTIFICATE OF DEATH 002  | 275               |
|---|---|---|-------------------|
| 1. PLACE OF DEATH  County Ball  Village or City Lea My                                    | limore  | Registration Dist. No. 35   | Word              |
| Length of residence in city or town wh  2. FULL NAME  (a) Residence: No.                  | 10 0  | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How tong in U.S. if of foreign birth? | _Ward<br>)<br>ds. |
| PERSONAL AND STATI  | STICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |                   |
| 3. SEX 4. COLOR OR RACE White   | 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (Sovice the word) | 21. DATE OF DEATH  AMOUNT (Day)  (Ye  | Gear)             |
| 5a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of                        |   | 22. I HEREBY CERTIFY, That I attended deceased  | d from            |
| 6. DATE OF BIRTH (month, day, and year)   | Jan 31 1936   | I last saw h. alive on Hill book h., 19 ; death   |                   |
| 7. AGE Years Months   | Days If LESS than 1 day,hrs. ormin.                       | to have occurred on the date stated above, etni.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:    |                   |
| 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc | moreupied   | Stillborn   | fonset            |
| 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.         |   |   |                   |
| 10. Date deceased last worked at this occupation (month and year)                         | 11. Total time (years) spant in this occupation           |   |                   |
| 12. BIRTHPLACE (city or town) (State or country)  | ute Hall Mish   | Other Coutributory Causes of importance:  |                   |
| 13. NAME Coy &  | Firmors   |   |                   |
| 14. BIRTHPLACE (city or town) (State or country)  | enhan,  | Name of operation Date of<br>What test confirmed diagnosis? Was there an eutopsy?.  |                   |
| 15. MAIDEN NAME Tillie  | Holcomb.  | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |                   |
| 15. MAIDEN NAME Velle<br>16. BIRTHPLACE (city or town) (Stete or country)                 | enhang Carolina   | Accident, suicide, or homicide?   |                   |
| 17. INFORMANT Cay 7 Six   | mous *  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                  |                   |
| 18. BURIAL, CREMATION, OR REMOVAL   | Date Jan 3/ 1936  | Manner of injury  |                   |
| 19. UNDERTAKER Con J. A   | inhous  | 24. Was disease or injury in any wey related to occupation of deceased?   |                   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify \_\_\_

(Address) White Hall Mrs.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry this tection for every person aged 10 years or over. If the deceased had retired from business, report the occupation, sior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|
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| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ORD, Every item of infor-<br>PHYSICIANS should state<br>et statement of OCCUPA-   | 1. PLACE OF  County  Village or City  Length of resider  2. FULL NAM  (a) Residence |
|---|---|
| FOR BINDING IS A PERMANENT REC stated EXACTLY. P properly classified. Exac  | 5a. If married, widowed HUSBAND of (or) WIFE of                                     |
| - 00  | 7. AGE Years  8. Trade, professic kind of wor SAWYER, B                             |
|   | 9. Industry or bus work was do SAW MILL, 10. Date deceased this occupat year)       |
| MARGIN RESE PLAINLY, WITH UNFADING INK should be carefully supplied. AGE sh OF DEATH in plain terms, so that it very important. See instructions on | 12. BIRTHPLACE (city of (State or country)    13. NAME                              |
| E PLAINLY, WITH should be carefully OF DEATH in pla   | 15. MAIDEN NAME 16. BIRTHPLACE (c) (Stata or co                                     |
| WRITH<br>lation :   | 17. INFORMANT (Address) 18. BURIAL, CREMATION RIACO  19. UNDERTAKER (Address)       |
| V. S. No. 1   | 20. FILED fase  |

| STATE OF MARYLAND   | CERTIFICATE OF DEATH 100276  |
|---|--|
| 1. PLACE OF DEATH   | (10)   |
| County Sallimore  | Registration Aist. No. 33  |
| Village or City Delight   | No. Award Koax St., Ward death occurred in a hospital or institution, give its NAME, instead of street and number) |
| Length of residence in city or town where death occurred yrs mos  | 7  |
| 2. FULL NAME / Wta Clifton  | Improvi  |
| (a) Residence: No. Sellight - Mark  | St, Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)   | 21. DATE OF DEATH 30 193 4   |
| 5a. If married, widowed or divorced   | (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  | 1 HEREBY CERTIFY, That I attanded daceased from  |
| 6. DATE OF BERTH (month, day, and year) Sept 14/1869  | I last saw her alive on Am (2) 3 , 19-36; death is said  |
| 7. AGE Years Months Days If LESS than   | to have occurred on the data stated above, atm.  |
| 66 4 16 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara es follows:                                     |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.   |  |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and | Grim Julimona  |
| work was done, as SILK MILL, 2020   |  |
| 10. Date deceased last worked at this occupation (month and year)   |  |
| // Angling  | Dther Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) (State or country) (State or country)   |  |
| 13. NAME James Simpson  |  |
| 14. BIRTHPLACE (city or town)   | Name of operation  |
| (State of Country)  | What test confirmed diagnosis? Was thara an autopsy?   |
| 16. BIRTHPLACE (city or town) Carello   | 23. If death was due to axternal causes (VIDL ENCE) fill in also the following:                                    |
| o 16. BIRTHPLACE (city or town) / October   | Accident, sulcide, or homicide? Date of injury, 19   |
| (State or country) Munylims.  | Where did injury occur?  |
| 17. INFORMANT MOS KILLY O. TANKING Scioling (Address)   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR. REMOVAS  | Manner of injury   |
| Riaco suffer or Date fully 1/ 19  | Nature of injury   |
| 19. UNDERTAKER LUURINM MININGENPARTI  | 24. Was disease or injury in any way related to occupation of deceased?  |
| Variable 21 1-tras Alaita   | If so, specify (Signed) M. D.  |
| 20. FILED 1936 Registrar.   | (Address) Westerme, May  |
| 76 41 4 4 6 7   |  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example 1  | Example 11    |  |               |
|--|---------------|--|---------------|
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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ogo    |
| BUREAU   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

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OCCUPA-

3. SEX Fem

5a. If mars HUSI (or)

6. DATE ( 7. AGE

OCCUPATION

FATHER

MOTHER

10. D

12. BIRTH (S

> 13. N 14. BI

15. M

17. INFOR

18. BURIA Pla

19. UNDER

20, FILED

certificate.

See instructions on back of

TION is very important.

# STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH P

| County                                      | Baltimore  |           |             |                                     | Registration Dist. No. 32  |                          |  |  |
|---|--|-----------|-------------|-------------------------------------|--|--------------------------|--|--|
| Village or                                  | City Owings M  | lls       |             |                                     | No. Outside St.  | Ward                     |  |  |
| Length of re-                               | sidence in city or town wh   | ere doath | accurred    | (lf                                 | f deeth occurred in a hospital or institution, give its NAME instead of street and s | number)                  |  |  |
|   |  |           |             | yisinus                             | syrsyrsyrs.  | nosds.                   |  |  |
|   | ME Bridget   |           |             |                                     |  |                          |  |  |
| (a) Reside                                  | nce: No. Owing   | Mil       | Usual place | of abode)                           | St., Ward.  If nonresident give city or town an                                      | d State                  |  |  |
| PERSO                                       | NAL AND STATE  | STICA     | L PART      | CULARS                              | MEDICAL CERTIFICATE OF DEATH   |                          |  |  |
| x<br>emale                                  | 4. COLOR OR RACE<br>White  |           |             | RIED, WIDOWED, D (write the word)   | 21. DATE OF DEATH  January  (Month)  (Day)   | , 193 <b>6</b><br>(Yaar) |  |  |
| married, wido<br>HUSBAND of<br>(or) WIFE of | wed, or divorcad Michael Sr  | nith      |             |                                     | 22. 1 HEREBY CERTIFY. That I attended year 1925 to Jan. 11                           |                          |  |  |
| TE OF BIRTH                                 | (month, day, and year)   | Marc      | h 8. 1      | 856                                 | last saw h.er alive on January 11 1936   |                          |  |  |
|   | 79 Months  |           | Days 4      | If LESS than 1 day, hrs. ormin.     | to have occurred on the date stated above, at 11. A                                  |                          |  |  |
| kind of                                     | ession, or particular<br>work dona, as SPINNER,<br>R, BOOKKEEPER, etc. | No        | thing.      |                                     | Carcinoma of right breast  | 1925                     |  |  |
| Work Wa                                     | business in which<br>as done, as SILK MILL,<br>LL, BANK, etc           |           |             |                                     |  |                          |  |  |
| this occi<br>year)                          | sed last worked at upation (month and                                  |           | spe         | ime (years)<br>ntin this<br>upation | Other Contributer Control in control   |                          |  |  |
| IRTHPLACE (c<br>(State or cou               | ity or town) Churco  |           |             |                                     | Other Contributory Couses of importance: Chronic myocardial disease                  | 1926                     |  |  |
| 3. NAME                                     | artin Kelly  |           |             |                                     |  |                          |  |  |
| 4. BIRTHPLAC                                | E (city or town)r country) Ireland                                     | l         |             |                                     | Name of operation_None Date of What test confirmed diagnosis? Clinical Was thera an  | autopsy? NO              |  |  |
| 5. MAIDEN NA                                | AME Julia Dir  | nan       |             |                                     | 23. If death was due to external causes (VIOL ENCE) fill in also the followin        |                          |  |  |
|   | E (city or town)r country) Ire]  | and       |             |                                     | Accident, suicide, or homicide?  |                          |  |  |
|   | Mrs. G. H. S<br>Owings Mills   |           |             | 9.9                                 |  |                          |  |  |
|   | TIDN, DR REMOVAL   |           |             |                                     | Manner of injury   |                          |  |  |
| Place St                                    | Ignatius Ch  | urch      | te Jan      | 15, 19.36                           | Nature of injury   |                          |  |  |
|   | . Eling & So   |           |             |                                     | 24. Was disease or injury in any way related to occupation of deceased?              |                          |  |  |
| (Address) R                                 | eisterstown,   | Md.       |             |                                     | If so, specify 47  |                          |  |  |
| LED. Jan.                                   | 13 1936  | Dr        | . E. E      | . Nichols                           | (Signed) Collection  | M. D.                    |  |  |
|   |  |           |             | Registrar                           | (Address) Pikesville ses   |                          |  |  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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|--|---------------|--|---------------|
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|  |               | AN IN  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroentoritis  | 1 year        |
|  |               |  |               |

|                            | infor-  | state  |
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|                            | . Evel  | ICIAL  |
|                            | ECORD   | PHYS   |
|                            | ENT R   | TIT  |
| MAKGIN KESEKVED FOR BINDIN | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTET: PHYSICIANS should state |
| ス<br>フ<br>ア                | AP  | ted  |
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| V. W. No. 1                | B.  |  |
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of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

| STATE OF MARYLAND  | CERTIFICATE OF DEATH 00278  |
|--|---|
| 1. PLACE OF DEATH  | (82-0)  |
| County Raltimore   | Registration Dist. No. 40   |
| Village or City <u>Catonsville</u>   | No. Old Frederick & Nunnery Lanst, Ward death occurred in a hospital or institution, give its NAME instead of street and number)            |
| Length of residence in city or town where death occurred Life yrsmos.  | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Willie Smith  |   |
| (a) Residence: No. Old Frederick Rd & Nunnery I (Usual place of abode)   | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married   | 21. DATE OF DEATH Jaw. 13, 193 6 (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Kelty mith   | 22. I HEREBY CERTIFY, That I attended deceased from  Oct. 18, 1924, to Jan. 1.3, 1936   |
| 6. DATE OF BIRTH (month, day, and year warch 3 1864  | I last saw harm alive on Jaw. 18 , 1936; death is said  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date steted ebove, atm.   |
| 69 /0 /0 lday,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8. Trade, profession, or particular kind of work done, es SPINNER.   | Cretral Lemortess see 28  |
| SAWYER, BOOKKEEPER, etc. Clerical  SAWYER, BOOKKEEPER, etc. Clerical  Nork was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this   | Crevial Murrage 1936  |
| Note that the state of the stat |   |
| 10. Date deceased last worked at this occupation (month and year) occupation   |   |
| 12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland  | Other Contributory Causes of importance:  Outfluence (grife) (act. 20   |
| 13. NAME Mathew Smith  |   |
| 13. NAME   Mathew Smith   14. BIRTHPLACE (city or town)   Baltimore   (State or country)   Maryland  | Neme of operation Dete of Was there an autopsy? No  |
| 15. MAIDEN NAME Margaretta Brooks  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:   |
| 15. MAIDEN NAME Margaretta Brooks 16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland  | Accident, suicide, or homicide?   |
| 17. INFORMANT Mrs. Lula Kelty Smith (Address) Old Frederick Rd & Nunnery Lane  | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                          |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury  |
| PlaceLoudon Park Cop. June January 16,19 36  | Nature of injury.   |
| 19. UNDERTAKER 100 Baltimore to  | 24. Was disease or injury in any way related to occupation of deceased?   |
| 20. FILED / 192 / Tolong Registrar.  | (Signed) Alune J. M. D.  (Address) Colorsville Hald   |

If more blanks are needed, address blate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | uly , 1927    | Peritonitis  | 3 days ago    |
|  | 107           |  |               |
| Other contributory causes of importance:                                       | AT NA         | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    |  | 1 year        |
|  | 1 63          | > /  |               |
|  | \$y_          |  |               |

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| Cerebral hemorrhage 1936 11  | July 5,1927  | Peritonitis                              | 3 days ago |
| BURFAU V. S.   |  |  |            |
| Other contributory causes of importance:                                       |  | Other contributory causes of importance: |            |
| Gallstones   | May 1,1923   | Gastroenteritis                          | 1 year     |
|  |  |  |            |
|  |  |  |            |

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|-------------------------------------|--|---------------|--|---------------|--|
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| Cerebral hemorrhag                  | ge   | July 5,1927   | Peritonitis  | 3 days ago    |  |
| Other contribute                    | ory causes of importance:                        |               | Other contributory causes of importance:                                       |               |  |
| Gatlstones                          | ory causes of importance:                        | May 1,1923    |  | 1 year        |  |
|                                     | geor ace   |               |  |               |  |

| 1 100 T | B.—WRITE PLAINL | mation should be o | CAUSE OF DEAT |  |
|---------|-----------------|--------------------|---------------|--|
|         | ż               | (                  | 7             |  |
|         |                 |                    |               |  |

|             | County   | Hal  | timo          | 20              |                      | (124-6)                                     | Registration Dist.                      | No.40                         |
|-------------|--|--|---------------|-----------------|----------------------|---|---|-------------------------------|
|             | Village or   | City 6   | ull           | ill             |                      | No.   |   | St.,Ward                      |
|             | Length of re   | sidence in city                                    | or town where | death occurred. | V yrs mos            | death occurred in a hospital or instit      |   | d of street and number) yrsds |
| 2.          | FULL NA  | ME A   | ichara        | lospr           | ias of               | tewartno                                    | - War Ver                               | ran                           |
|             | (a) Reside   | nce: No£   | buby          | rill "          |                      | St.,Ward.                                   |   |                               |
| ADDITION IN | PERSO  | NAL AND  | CTATICT       | (Usual place    |                      | MEDICAL                                     |   | ty or town and State          |
| 3. SE       |  | -  | OR RACE       | ICAL PART       | RRIED, WIDOWED.      | 21. DATE OF DEATH                           | CERTIFICATE OF                          | DEATH                         |
| n           | rale   | Mis  | rite          | OR DIVORCE      | D (write the word)   | Mark of Beatt                               | July out                                | Day) (Year)                   |
| 5a. I       | f married, wido<br>HU3BAND of<br>(or) <del>WIFE of</del> | wed, or divorc                                     | ed n          | of.             | 4                    | 22/ I HEREB                                 | Y CERTIFY, I                            | net I ettended deceesed from  |
|             | (UI) WITE OI   | mari   | 20000         | y sie           | use-                 | June  | - N                                     | 104 ,1934                     |
|             | ATE OF BIRTH   | (month, day,                                       | end Jean)     | - 18            | +9                   | last saw h                                  | Jan gola                                | , 1936 ; deeth Is said        |
| 7. AC       | SE Y   | ears   | Months        | Oeys            | If LESS than         | to have occurred on the date stat           | 100                                     | 9.                            |
| 1           | 86   |  | 6             | 217             | ormin.               | The PRINCIPAL CAUSE OF DEA were as follows: | IH end releted causes of in             | Oate of onset                 |
| N           | 38. Frede, prof  | ession, or part<br>work done, as<br>R, BOOKKEEPI   | SPINNER.      | Farme           | 1-Ros-               | 12 6 / //                                   |   |                               |
| PATION      |  |  |               | P000            | half it is the in in | Mysemoon                                    | ue over                                 | 5210                          |
| 30          | SAW M  | business in v<br>as done, as Sil<br>ILL, BANK, etc | K MILL,       | twood           |                      |   |   |                               |
| 8           | 10. Dete decea<br>this occ<br>year) _                    | upetion (mont                                      | ed et lace    | spe             | time (years)         |   |   |                               |
| 1           | year) -  |  | C             | 000             | upation              | Other Contributory Canses of imp            | oortanco:                               |                               |
| 12. E       | (State or co   |  | mos           | anour           | 200,                 | Denoise alenia                              | Seleroze                                |                               |
| ~           | 13. NAME   | 2 Prom   | On 1          | Tour            | 2xx                  | Rose Bron                                   | ence.                                   |                               |
| 된           | 14. BIRTHPLAC  | E (aity or town                                    | MAN           | 0-1-            | unx                  | Neme of operation                           |   | Data of                       |
|             |  | or country)  | asse 9        | 1-0-1666        |                      | What test confirmed diagnosis               | Ingual Ind                              | Was there an eutopsy? 2       |
| HER         | 15. MAIOEN N   | AME  | Look          | sa.             | 2                    | 23. If death wes due to external ca         | uses (VIOLENCE) fill in als             | 1                             |
| H=          | 16. BIRTHPLAC  |  | 1) Cal        | vert            | tewari               | Accident, suicide, or homicide?             | no Oate of                              | injury, 19                    |
| 2           | (State o   | or country)  | Town          | ion re          | al.                  | Where did injury occur?                     | (Specify city or town,                  | county and State)             |
| 17. 11      | NFORMANT (Address)                                       | balve 420  | North         | - Garia         | Street               | Specify whether injury occurred in          | in INOUSTRY, In HOME, or                | in PUBLIC PLACE.              |
| 18. B       | URIAL, CREMA   |  | MOVAL         | 8               | 74                   | Manner of injury                            | *************************************** |                               |
|             | Place_ //  | I Juo  | re.           | Date On         | 13.4.1936            | Nature of injury                            |   |                               |
| 19. U       | NOERTAKER (Address)                                      | plan   | 2/3/          | isns            | ons                  | 24. Was diseese or injury in eny v          | wey related to occupation of            | deceased?.                    |
|             | 114  | 110  | THOS          | A MIL           | -                    | If so, specify 1                            | e of sh Thre.                           | bruken "                      |

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| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| stal<br>UPA   | 1.                              | PLA               | CE OF   | DEA                                 | TH  |       |                   | •   |
|---|---------------------------------|-------------------|---|-------------------------------------|---|-------|-------------------|-----|
| CE  |                                 | Coun              | ity   | Be                                  | altir   | nore  |                   |     |
| should of OCC   |                                 |                   | ge or Ci  | ty                                  | Cat   | onsv  | ille              | }   |
| rel   |                                 |                   |   |                                     | ity or town                                       |       |                   |     |
| e m CL  | 2.                              |                   |   |                                     | Ann:  |       |                   |     |
| TYSICIANS statement   |                                 | (a) F             | Residenc  | e: No                               | 110'  | 7. Ba | tter<br>(U:u      | al  |
| RECO<br>FXact   |                                 | PEF               | RSON  | AL AN                               | D STA   | TISTI | CAL P             | A   |
| Y. Ex   | 3. SI                           | X                 |   |                                     | R OR RA   |       | S. SINGL<br>OR DI | E,  |
| T.L.  | F                               | emal              | Le  | W                                   | nite  |       | Wis               | Č   |
| A C<br>ssif   | 5a. I                           | HUSBAI<br>(or) WI | d, widowe<br>ND of<br>FE of                                       | ed, or divo                         | Dav:  | id S  | ulle              | r   |
|   | 6. D.                           | ATE OF            | BIRTH (   | month, da                           | y, end yeer                                       | T. (1 | ulv               | 0   |
| stated E properly certificate   | 7. A                            | GE                | Year  | s                                   |   | nths  | De                | -   |
| stated<br>proper  |                                 |                   | 8   | 16                                  |   | 6     |                   | 2   |
| AGE should be that it may be one on back of                                 | OCCUPATION                      | 9. Indu:          | ind of w<br>AWYER,<br>stry or b<br>vork wes<br>AW MILI<br>decease | done, es :<br>L, BANK,<br>d last wo | as SPINN<br>PER, etc<br>which<br>SILK MILI<br>etc | • Н   | ouse<br>Lu        | -   |
| So So Icti  | 12. BIRTHPLACE (city or town) P |                   |   |                                     |   |       |                   |     |
| plie<br>rm<br>rst   |                                 | 13. NAM           |   |                                     | acob  | Bro   |                   |     |
| suj<br>in t   | FATH                            | 14. BIRT          | HPLACE<br>State or  | (city or to                         | own)  | Not   | Kno               | 7.0 |
| full r  | EB                              | 15. MAID          | DEN NAM   | ME ]                                | Not I   | Know  | m                 |     |
| the realines, with should be carefully E OF DEATH in pla is very important. | МОТН                            | 16. BIRT          | HPLACE<br>State or  | (city or to<br>country)             | own)  |       | Not               | F   |
| -WKILL FLAINLI, mation should be car CAUSE OF DEATH TION is very import     | 17. 1                           | NFORMA<br>(Addi   | NT E  | lore                                | ence<br>Wi  | Duf   | fy (              | D   |
| tion sh<br>USE O  | 18. E                           | Plece             |   | on, or r                            | REMOVAL<br>1 Ce1                                  | n.    | Date              | Te  |
| mation sh<br>CAUSE O  | 19. U                           | NDERTA<br>(Addi   |   | John 71                             | 5 %   | Son   | nence             | 6   |
|   |                                 |                   | 33 .44  | 10                                  | . / (   | A .   | - 83              |     |

STATE OF MARYLAND—CERTIFICATE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number) mos.\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. If U. S. Veteran, specify WAR\_\_ place of abode) If nonresident give city or town and State RTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED, WIDOWED, ORCED (write the word) 21. DATE OF DEATH lowed I HEREBY CERTIFY, That I attended deceased from 13 849 If LESS than to have occurred on the dete stated above, at .... 1 dey, \_\_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence or\_\_\_\_min. Date of onset ed wife otal time (years) spent in this occupation \_ Other Coutributery Causes of importance What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_19 nown Where did injury occur? \_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Neture of injury\_ 24. Was disease or injury in any wey related to occupation of deceased? If so, specify

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial menhritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example 1  | il            | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 67  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of important   |               | Other contributory causes of importance:                                       |               |
| Gallstones .   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  | 1             |

| Item  | Sshe  | Z  |  |
|---|---|--|--|
| IN. B.—WALLE FLAIMELY, WITH UNFADING INN—I HIS IS A FEAMANENT ADOLLY. EVERY HER | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of |  |
| DE LA PORTINA   | Y. PH   | Exact  |  |
| LIM AINEN   | XACTL   | classified.  |  |
| THE PLE   | stated E  | properly   | TION is very important. See instructions on back of certificate. |
| 4   | be  | be   | Jo   |
| V-I   | plnous  | t may  | back   |
| TING TO   | AGE s   | so that is   | tions on   |
| UNFAL   | upplied.  | terms,   | e instru   |
| MITH  | fully s   | n plain  | It. Se   |
| LI,   | e care  | ATH in   | portar   |
| LAIL  | onld b  | F DE   | ery in   |
| 4   | u sh  | 回<br>回   | SI   |
| D-WALL  | mation  | CAUS   | TION   |
|   | 1   | -  | 1  |

| County.    County   C |   | D-CERTIFICATE OF DEATH 00284   |
|--|---|--|
| Village or City Grallon  | 1. PLACE OF DEATH   | (131)  |
| Length of residence in city or town where death occurredys   | County (Saltimore   | Registration Dist. No. 3.5   |
| Legible of esidence in city or town where death occurred. Ys   | Village or City Garleton                                      |  |
| 2. FULL NAME  (a) Residence: No.  (b) Columbiace of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWAD, OR DAYORED (write the word)  A HUSSAND of (col) wife of  10 DATE OF BIRTH (month, day, and year)  AGE  **Years**  Months  Days  If LESS than 1 days,  | length of residence in city or town where death occurred 7    |  |
| (a) Residence: No.  (Chasiphece of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  SINGLE, MARRIED, WIDOWED, OR DIVOKCD ("ceric the word)  8. If married, widowed, or divorced (or) Wife of  DATE OF BIRTH (month, day, end year)  AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  8. Trade, profession, or particular Right of wink down as \$5 NIMER, wind diversions in which word was down as \$5 NIMER, where the word of the second in month and paper in this scoephilan (month) and paper in this scoephilan (month) and paper in this scoephilan (collar or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIOEN NAME  14. BIRTHPLACE (city or town)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. Marked or country  19. Marked       | 0 01 4  |  |
| PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR GR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("mire the word)  1930  21. DATE OF DEATH  1930  AGE  Years  MEDICAL CERTIFICATE OF DEATH  1930  | 2 4 4 2 4   |  |
| PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR (R RACE OR DIVORCED Comit the word)  AL I marrier, widowed, or divorced (or) wife of or DIVORCED Comit the word)  AL I marrier, widowed, or divorced (or) wife of or DIVORCED Comit the word)  AGE Years Months Days II LESS than 1 day hrs. or min.  8. Trade, profession, or particular kind of work done, as SININER, SANYER, BOOKEPER, etc.  9. Industry or business in which SANYER, BOOKEPER, etc.  9. Industry or business in which SANYER, BOOKEPER, etc.  9. Industry or business in which SANYER, BOOKEPER, etc.  9. Industry or business in which SANYER, BOOKEPER, etc.  9. Industry or business in which SANYER, BOOKEPER, etc.  9. Industry or business in which SANYER, BOOKEPER, etc.  9. Industry or business in which SANYER, BOOKEPER, etc.  9. Industry or business in which SANYER, BOOKEPER, etc.  9. Industry or business in which SANYER, BOOKEPER, etc.  9. Industry or business in which SANYER, etc.  9. Industry or town)  10. Business of importance were properties.  11. Industry or town, country and State)  12. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicies, or homicide?  13. Industry or town, country and State)  14. Was disease or injury in any syrvithed to accupation dispecsaged?  15. Was disease or injury in any syrvithed to accupation dispecsaged?  15. Was disease or injury in any syrvithed to accupation dispecsaged?  15. Was diseased or injury in any syrvithed to ac          | (a) Residence: No.  |  |
| SEX 4. COLOR GR RACE OR DIVORCED (which he word)  a. If married, widowed, or divorced (which he word)  DATE OF BIRTH (month, day, end year)  JO ACE  Years  Months  Days  If LES than  I day,hrs.  SAVER, BOOKKEPER, etc.  J. Industry or business in which  Work was done, as STIKK MILL,  SAWYER, BOOKKEPER, etc.  J. Industry or business in which  Work was done, as STIK MILL,  SAWYER, BOOKKEPER, etc.  J. Industry or business in which  Work was done, as STIK MILL,  SAWYER, BOOKKEPER, etc.  J. Industry or business in which which  Work was done, as STIK MILL,  SAWYER, BOOKKEPER, etc.  J. Industry or business in which which  Work was done, as STIK MILL,  SAWYER, BOOKKEPER, etc.  J. Industry or business in which are subjected to the date stated above, et. I. A. Lilliam,  Ormin,  Oats of ensemble of the date stated above, et. I. A. Lilliam,  The PRINCIPAL CAUSE OF DEATH and related causes of importance:  Oats of ensemble of the date stated above, et. I. A. Lilliam,  Oats of ensemble on the date stated above, et. I. A. Lilliam,  The PRINCIPAL CAUSE OF DEATH and related causes of importance:  Oats of ensemble on the date stated above, et. I. A. Lilliam,  Oats of ensemble on the date stated above, et. I. A. Lilliam,  The PRINCIPAL CAUSE OF DEATH  On the date stated above, et. I. A. Lilliam,  The PRINCIPAL CAUSE OF DEATH and related causes of importance:  Oats of ensemble on the date stated above, et. I. A. Lilliam,  The PRINCIPAL CAUSE OF DEATH and related causes of importance:  Oats of ensemble on the date stated above, et. I. A. Lilliam,  The PRINCIPAL CAUSE OF DEATH  Oats of the date stated above, et. I. A. Lilliam,  The PRINCIPAL CAUSE OF DEATH  Oats of the date stated above, et. I. A. Lilliam,  The PRINCIPAL CAUSE OF DEATH  Oats of the date stated above, et. I. A. Lilliam,  The P  |   |  |
| a. If married, widowed, or divorced HUSSANDO (cr) WIFE of comparison of the HUSSANDO (cr) WIFE of comparison or particular state of the profession | OR DIVORCED (write the wo                                     | ED. 21. DATE OF DEATH  |
| HUSBAND of (or) WIFE of  DATE OF BIRTH (month, day, end year)  AGE  Years  Months  Days  If LESS than 1 day. hrs. or min.  8 Trade, profession, or particular sind work done, as SPINNER, SAWTER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWTER, BOOKKEPER, etc.  10. Date deceased last worked at this occupation month and year)  SIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  MARE  MARIOEN NAME  18. BURGHALOR (City or town)  (State or country)  7. INFORMANT  MALOR (City or town)  (State or country)  7. INFORMANT  MALOR (City or town)  (State or country)  7. INFORMANT  MALOR (City or town)  (State or country)  More did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)  Manner of injury  Nature o |   | (Month) (Day) (Year)   |
| DATE OF BIRTH (month, day, end year)  AGE Years Months Days IT LESS than I day   | HUSBAND of  | 22.   HEREBY CERTIFY, Thet I ettended deceased fro                             |
| AGE Years Months Days II LESS than 1 day,  | (0)   | kuly 1 1935, to lan 1 1930   |
| The PRINCIPAL CAUSE OF DEATH and related causes of Importance were at offices:  3. Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, BANK, etc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation occupation occupation  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  (Address)  8. BURIAL, CREMATION, OR REMOVAL  Place SAML  (Address)  19. MAIOEN ARE  | B. DATE OF BIRTH (month, day, end year)                       | Mast saw h & alive on Sec 3/ 1936; death is sai                                |
| 8. Trade, profession, or particular Rind of work dome, as SPINNER,  9. Industry or business in which SAW MILL, BANK, SAW MILL, |   |  |
| 8. Trade, profession, or particular in the profession of work done as SPINKER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done as SILK WILL.  10. Date deceased last worked at this occupation (month and year) spent in this occupation (month and year)  11. Total time (years) spent in this occupation (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  (State or country)  7. INFORMANT  (Address)  8. BURIAL, CREMATION, GR. REMOVA)  Place 1444  Place 1444  (Address)  8. BURIAL, CREMATION, GR. REMOVA)  Place 1444  Pla |   | HIS PAINCIPAL CAGE OF DEATH end related causes of importence                   |
| 2. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (State or country)  7. INFORMANT (Address)  8. BURIAL, GREMATION, OR REMOVAL Place (Address)  9. UNDERTAKER (Address)  10. FILED  11. Courthwery Cases of Importance:  Other Courthwere Cases of Importance:  Other Courtha | 2 Trade ntofession or particular                              | 1 Depleyy Oate of one  |
| 2. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (State or country)  7. INFORMANT (Address)  8. BURIAL, GREMATION, OR REMOVAL Place (Address)  9. UNDERTAKER (Address)  10. FILED  11. Courthwery Cases of Importance:  Other Courthwere Cases of Importance:  Other Courtha | SAWYER, BOOKKEEPER, etc.                                      | All oll p see  |
| 2. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (State or country)  7. INFORMANT (Address)  8. BURIAL, GREMATION, OR REMOVAL Place (Address)  9. UNDERTAKER (Address)  10. FILED  11. Courthwery Cases of Importance:  Other Courthwere Cases of Importance:  Other Courtha | 9. Industry or business in which work was done, as SILK MILL, | Cerentul Times truss 8/29-   |
| 2. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (State or country)  7. INFORMANT (Address)  8. BURIAL, GREMATION, OR REMOVAL Place (Address)  9. UNDERTAKER (Address)  10. FILED  11. Courthwery Cases of Importance:  Other Courthwere Cases of Importance:  Other Courtha | 10. Date deceased last worked at 11. Total time (years)       | - Applifa  |
| 2. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL, CREMATION, OR REMOVAL Place JAME  9. UNDERTAKER (Address)  9. UNDERTAKER (Address)  10. FILED JAM 2014  10. State or country  10. INFORMANT (State or country)  10. INFORMANT (Address)  11. Manner of Injury Nature of Injury Nature of Injury (Signed)  12. Was disease or injury In any way related to occupation of deceased?  15. Manner of Injury Nature of Injury (Signed)  16. Specify city or town, country and State) (Specify city or town, country and State) (Specify city or town, country and State) (Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Signed)  16. Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, country and State) (Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Signed)  17. Was disease or injury In any way related to occupation of deceased?  18. So, specify (Signed)   | - I should and I should this                                  | 1000000-9  |
| 13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Modern Whet test confirmed diagnosis?  Was there en autopsy?  23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of Injury  Where did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  Nature of Injury  Nature of Injury  15. Was disease or injury in any way related to accupation of eccased?  Where did injury  Nature of Injury  Specify (Signed)  (Signed)  (Signed)   | 12. BIRTHPLACE (city or town) Butler                          |  |
| Whet test confirmed diagnosis? Was there en autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town)     (State or country)  7. INFORMANT     (Address)  8. BURIAL, CREMATION, OR REMOVAL     Place Year     (Address)  9. UNDERTAKER     (Address)  8. UNDERTAKER     (Address)  8. Date of Injury     (Specify city or town, county and State)     Nature of injury  24. Was disease or injury In anyway related to occupation of deceased?  25. If so, specify     (Signed)  16. BIRTHPLACE (city or town)     (Specify city or town, county and State)     (Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.     (Address)  16. BIRTHPLACE (city or town)     (Specify city or town, county and State)     Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.     (Address)  17. INFORMANT     (Address)  18. BURIAL, CREMATION, OR REMOVAL     (Place Year     (Address)  19. UNDERTAKER     (Address)  19. UNDERTAKER     (Address)  19. UNDERTAKER     (Address)  19. UNDERTAKER     (Signed)  19. (Signed)   |   | - CM Negaciono   |
| Whet test confirmed diagnosis? Was there en autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town)     (State or country)  7. INFORMANT     (Address)  8. BURIAL, CREMATION, OR REMOVAL     Place Year     (Address)  9. UNDERTAKER     (Address)  8. UNDERTAKER     (Address)  8. Date of Injury     (Specify city or town, county and State)     Nature of injury  24. Was disease or injury In anyway related to occupation of deceased?  25. If so, specify     (Signed)  16. BIRTHPLACE (city or town)     (Specify city or town, county and State)     (Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.     (Address)  16. BIRTHPLACE (city or town)     (Specify city or town, county and State)     Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.     (Address)  17. INFORMANT     (Address)  18. BURIAL, CREMATION, OR REMOVAL     (Place Year     (Address)  19. UNDERTAKER     (Address)  19. UNDERTAKER     (Address)  19. UNDERTAKER     (Address)  19. UNDERTAKER     (Signed)  19. (Signed)   | 13. NAME dun Dawney   |  |
| Whet test confirmed diagnosis? Was there en autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town)     (State or country)  7. INFORMANT     (Address)  8. BURIAL, CREMATION, OR REMOVAL     Place Year     (Address)  9. UNDERTAKER     (Address)  8. UNDERTAKER     (Address)  8. Date of Injury     (Specify city or town, county and State)     Nature of injury  24. Was disease or injury In anyway related to occupation of deceased?  25. If so, specify     (Signed)  16. BIRTHPLACE (city or town)     (Specify city or town, county and State)     (Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.     (Address)  16. BIRTHPLACE (city or town)     (Specify city or town, county and State)     Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.     (Address)  17. INFORMANT     (Address)  18. BURIAL, CREMATION, OR REMOVAL     (Place Year     (Address)  19. UNDERTAKER     (Address)  19. UNDERTAKER     (Address)  19. UNDERTAKER     (Address)  19. UNDERTAKER     (Signed)  19. (Signed)   | 14. BIRTHPLACE (city or town) Demely Tyrund                   | Name of operation Date of  |
| (Specify city or town, county and State)  7. INFORMANT   | (State of country)  | Whet test confirmed diagnosis?   |
| (Specify city or town, county and State)  7. INFORMANT   | 15. MAIOEN NAME Clayabeth Graces                              | 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: |
| (Specify city or town, county and State)  7. INFORMANT   | 16. BIRTHPLACE (city or town)                                 | Accident, suicide, or homicide? Date of Injury, 19                             |
| Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  8. BURIAL, CREMATION, OR REMOVAL Place State Onto Date June 5, 1935  Nature of injury  Nature of injury  14. Was disease or injury In any way related to occupation of deceased?  (Address)  15. Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  Wanner of Injury  Nature of injury  (Address)  16. So, specify  (Signed)  (Signed)   | (State or country)  | Where did injury occur?  |
| Place Grace Austral Nigge Date Jun. 5, 1938  Nature of injury  9. UNDERTAKER Use C Brook & See 24. Was disease or injury in anyway related to occupation of deceased? How (Address)  16 so, specify (Signed) (Signed)  | 7. INFORMANT Mis Bueaugud Death<br>(Address) Vailtur ned      | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.      |
| 9. UNDERTAKER Was a Complete of Service of Injury In any way related to occupation of secensed? How (Address)  16 so, specify  (Signed)  (Signed)  | 8. BURIAL, CREMATION, OR REMOVAL                              | Manner of Injury   |
| (Address)  8 party med If so, specify  (Signed)  (Signed)  | Place Mul Date Date 5 , 19                                    | Nature of injury   |
| 0. FILED Jan 201 , 1936 Milier Borting 127 (Signed). (Signed)  | 9. UNDERTAKER Was & Brook & Son                               |  |
|  |   | (Signed) (Signed)  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 1             | Example II   | 1             |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Co,  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Village or City\_ (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? PHYSICIAN (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (write the word) Wistower (Month) (Dav) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of / 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at, 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, House SAWYER, BOOKKEEPER, etc. CUPATION 9. Industry or business in which
work was done, as SILK MILL, Quite
SAW MILL, BANK, etc... may back 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this that occupation instructions (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) \_ /\_ plain (State or country) What test confirmed diagnosis?. carefully MOTHER 15. MAIDEN NAME important. 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? \_\_\_. pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods very (Address) 18. BURIAL CREMATION. CAUSE Nature of Injury\_ LION 320 24. Wes disease or injury in any way releted to occupation of deceased? if so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Series I      | Example II   | -  |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset  |
| 1915          | Attack of epilepsy   | 1 week ago   |
| 1921          | Run over by street car   | 1 week ago   |
| July 5,1927   | Perilonilis  | 3 days ago   |
| 3             | Other contributory causes of importance:                                       |  |
| May 1,1923    | Gastroenterius   | 1 year   |
|               | 1915   | Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance: |

|       | WRI   | matio | AUS | NO |
|-------|-------|-------|-----|----|
| Mo. 1 |       | E     | C   | E  |
|       | N. B. | 1     | 7   |    |
|       | EH.   | 1     |     | 1  |

| 1. PLACE O                          | F DEATH  |  |  |  |  | / <del>-</del>   |
|-------------------------------------|--|--|--|--|--|--|
| County                              | Sattrinare   |  | 1  | 0  | Registration Dist. No.   | 30   |
|                                     |  | 07   | di (II   | As .   | ution, give its NAME instead of street a   | nd number)   |
|                                     | 0 00   | death occurred   | yrsmos   | . / Cus. now long in 0.5. If o   | or rolling market yrs  | mos ds.  |
|                                     | 11 610 "   | De ne  | ghacu.   |  |  |  |
| (a) Residen                         | ice No. Olichi   | (Usual place of  | abode)   | St., Ward.   | If nonresident give city or town   | and State  |
| PERSON                              | AL AND STATIST   | ICAL PARTIC  | ULARS  | MEDICAL C  | ERTIFICATE OF DEATH  | 4  |
| 3. SEX<br>Male                      | 4. COLOB OR RACE   | OR DIVORCED  | (curite the word)  | 21. DATE OF DEATH  | (Month) (Oay)  | , 19334<br>(Year)  |
| 5a. If married, widow<br>HUSBANO of | ved, or divorced Russel  | I Til  | aliens)  | 22. I HEREBY   | Y CERTIFY. That I attend   | ded deceased from  |
|                                     | and is a   | ( 0  | a d  | Dec - 26   | , 1935 to Jan 6  | 1936   |
| 6. DATE OF BIRTH                    | (month, day, and year)   | arch 3-  | 1860   |  |  | ; death is said  |
|                                     |  | Days   |  | at the state of th |  |  |
|                                     |  | 12   | ormin.   | were as follows:   | a! ad 1  | Oate of onset  |
| kind of v                           | ssion, or particular<br>work done, as SPINNER,   |  |  | Curame my  | ocaracies  | 726/35   |
| a 9. Industry or                    | business in which  | Bestelli   | De sto   |  |  |  |
| B X SAW MIL                         | LL, BANK, etc.   | ecestare o   | go war   |  |  |  |
| this occu                           | pation (month and _  | spent  | in this  |  |  |  |
|                                     | 13. 18.  |  | 24   | Other Contributory Causes of imp   | ortance: 2 Reso. 4.  |  |
|                                     |  | skaud  |  | Suile Pour   | basis:   | 1950   |
| 13. NAME                            | luke!  | own  |  |  | 3  |  |
| H 14. BIRTHPLACE                    | (city or town)   | · h  |  | Name of operation  | oul oate   | 1  |
| (21916.01                           | country)   |  |  | What test confirmed diagnosis-   | ampones & Signos there   | en eulopsy? KO   |
| H 15. MAIDEN NA                     | ME ruku  | own -  |  | 23. If death was due to external ca  | uses (VIOLENCE) fill in also the follo   | wing:  |
| 6 16. BIRTHPLACE                    |  |  |  |  | Oate of injury   | , 19   |
| n                                   | country)   | 0 /1   | 2 1/1  |  | (Specify city or town, county and  | State)   |
|                                     | Elling Illy  | sau (0   | rige)  | Specify whether injury occurred i  | IN INDUSTRY, IN HUME, OF IN PUBLIC   | PLACE.   |
|                                     | TION, OR REMOVAL   | en a   |  | Manner of injury   | none   |  |
| Place                               | and Budge  | Oate   | 8. 19.36   | Nature of injury   |  |  |
| 19. UNOERTAKER                      | David Do   | widson   | <u></u>  |  | vay related to occupation of deceased?   | no   |
| 20. FILE0                           | 1936   | Flore  | Great.   | (Signed)   | Trelling   | usval.   |
|                                     |  |  |  |  |  |  |
|                                     | Village or C Length of ces  2. FULL NA  (a) Resider  PERSON  3. SEX  Male  5a. If married, widow HUSBANO of (or) WHE of  6. DATE OF BIRTH  7. AGE  9-Industry or work was SAW MRI  10. Date deceas this occu year)  12. BIRTHPLACE (ci (State or cou HUSBANO of (State or cou H | Length of cesidence in city or town where  2. FULL NAME  (a) Residence No. Blance  PERSONAL AND STATIST  3. SEX  4. COLOB OR RACE  Mulle  Sa. If married, widowed, gradivorced HUSBANO of  (er) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  Wall  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNOERTAKER  (Address)  20. FILEO.  19. STATIST  4. COLOB OR RACE  Months  Figure  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  20. FILEO.  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address) | County Cafficiente  Village or City Catacoville Mac.  Length of cesidence in city or town where death occurred  2. FULL NAME Caseful Cusual place of PERSONAL AND STATISTICAL PARTIC  3. SEX | County Dafthias Policy Color of the State of Color of Length of cesidence in city or town where death occurred yes. I mos 2. FULL NAME Daseph R. Dulghacu (a) Residence No. Bellevisty (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. STINGLE MARKED, WHOWED. OR DIVORCED (assize the word)  5a. If married, widowed, and divorced HUSBANO of (consulted of Consultation of Consult | Village or City Calanaville Med. Affirming (Ideath occurred in a hospital or institution that the state of th | County Satthicians Registration Dist. No. St. Villago or City Catacoville. Med. Spring (II death occurred in a hospital of initially), are in NAME intered of ances a Length of cesidence in city or town where death occurred (II death occurred in a hospital of initially), are in NAME intered of ances a Length of cesidence in city or town where death occurred (II death occurred in a hospital of initially), are in NAME intered of ances a length of the cesidence of a how long in U. S. if of foreign birth?  2. FULL NAME County (Uwalplace of abody)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOBOR RACE S. S. SHELE MARKED WIDOWED (Month)  WALL WINDSANO OF A COLOBOR RACE S. S. SHELE MARKED WIDOWED (Month)  WALL WINDSANO OF A COLOBOR RACE S. SHELE MARKED WIDOWED (Month)  20. II HER EBY CERT IFY. That I attem to have occurred on the dark stated above, at 1923 to 90 to have occurred on the dark stated above, at 1923 to 1924 t |

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis F. 4 1935   | 1931          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| The second secon | 3             |  |               |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------------|------------|----|-----------|
|------------------------------|------------|----|-----------|

| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECON | mation should be carefully supplied. AGE should be stated EXACTLY. PHY | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact |  |
|---|--|---|--|
| AT R  | LY.  | 函.  |  |
| NE  | CT   | sified  |  |
| SRM   | XA   | clas  | es.  |
| \ PE  | ed F   | erly  | ficate   |
| IS  | state  | prop  | certif   |
| HIS   | pe   | be  | Jo   |
| I-J   | plnoi  | may   | back   |
| Ň   | S  | t it  | on   |
| NG  | AGE  | tha   | ions   |
| \DI   | d.   | , S0  | ruct   |
| JNE   | pplie  | terms   | TION is very important. See instructions on back of certificate. |
| H   | ns /   | in  | See  |
| WIT   | fully  | n pla   | nt.  |
| Υ,  | care   | H   | orta   |
| E   | pe   | EAT   | imp  |
| PLA   | plno   | F D   | ery  |
| H   | sho  | 0   | IS V   |
| RIT   | tion   | USI   | NO   |
| 1   | ma   | CA  | TI   |

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 00287   |
|---|--|
| 1. PLACE OF DEATH   | 8250   |
| / County Baltimore  | Registration Dist. No. 25  |
| Village or City Middletown, Md  | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)                                     |
| Length of residence in city or town where death occurredyrsmos                            |  |
| 2. FULL NAME Mr. James Wesley   | Tracy  |
| (a) Residence: Np. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OB RACE OR DIVORCED (write the word)                                      | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (oc) WIFE of                              | 22. 1 HEREBY CERTIFY, That I attended deceased from  |
| 1811 7 1811 7   | June 1- ,1935, 10 Jan. 25 , 1936   |
| 6. DATE OF BIRTH (month, day, and year) time 8, 04  7. AGE Years Months Days If LESS than | I last saw hasee alive on Jane 94 - , 1936; death is said  |
| 7. AGE Years Months Days If LESS than 1 day,hrs.  | to have occurred on the date stated above, at_//_45: A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance                    |
| ormin.  | were as follows:   |
| Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc   | Cerebral Hemorlage   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc                                    | Communication de la compage  |
|   |  |
| SAW MILL, BANK, etc   |  |
| 12. BIRTHPLACE (city or town) Balto, Co.  | Other Contributory Causes of importance:   |
| (State or country)  | Orlino delerono  |
| 13. NAME Mr. James Fracey   |  |
| 13. NAME M. James Tracky 14. BIRTHPLACE (city or town) M. J. da.                          | Name of operation Date of  |
| (State of country)  | What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Contamoun.  | 23. If death was due to external causes (VIDLENCE) fill In also the following:   |
| 15. MAIDEN NAME Contained.  16. BIRTHPLACE (city or town)                                 | Accident, suicide, or homicide? Date of injury, 19   |
| 17. INFORMANT VIM CON TIR W Cly (Address) Freeland & Mid.                                 | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE, |
| 18. BURIAL, CREMATION, DR REMOVAL   | Manner of injury   |
| Place Middlesown Comellogy 1/28, 1936   | Nature of injury   |
| 19. UNDERTAKER Paul M. Hartenstein (Address) Hen Freedom Fa                               | 24. Was disease or injury in any way related to occupation of deceased? Ozo (  |
| 20. FILED   | (Signed) layage M. D.  (Address) New Firedow Ba  |
| If more blanks are needed, address State Registrar,                                       | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

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| Example 1  |             | Example II   |               |
|--|-------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | 71.3        | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset |
| Comban homomhan  | 1921        | Run over by street car   | 1 week ago    |
| Cereoral hemorrhage  | July 5,1927 | Peritonitis  | 3 days ago    |
| Landa San Ada V. S.  |             |  |               |
| Other contributory causes of importance:   |             | Other contributory causes of importance:   |               |
| Gallstones   | May 1,1923  | Gastroenteritis  | 1 year        |
|  | 4           |  |               |
|  |             |  |               |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimor

(Day)

(Yeer)

Date of onset

Dete of Injury ...... 19......

BINDI RESERVED MARGIN

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| Example I     |  | Example II   |  |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  |  |
| 1921          | Run over by street car   | 1 week ago   |  |
| July 5,1927   | Peritonitis  | 3 days ago   |  |
| May 1,1923    | Other contributory causes of importance:  Gastroenteritis  | 1 year   |  |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Perilonitis  Other contributory causes of importance: |  |

| A. A.   | SIAIL  | L MAK                          |
|---|--|--------------------------------|
| sta<br>UP                                     | 1. PLACE OF DEATH  | -60                            |
| CC  | County 200   | 000                            |
| should of OCC                                 | Village or City Bold   | ww                             |
| . 70  | Length of residence in city or town where d  | eath,occurred                  |
| YSICIANS<br>statement                         | 2. FULL NAME CLICA   | Low                            |
| aten /  | 7)   |                                |
| st:   | (a) Residence: No.   | (Usual place                   |
| E E   | PERSONAL AND STATISTI  | CAL PARTI                      |
| E ME  | 3. SEX 4. COLOR OR RACE  | 5. SINGLE, MARI<br>OR DIVORCEI |
| ed. L   | 5a. If married, widowed, or divorced   | main                           |
| RMANEN<br>X A C T J<br>classified             | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of                             | . Orc                          |
| CA FeB FeB                                    | 6. DATE OF BIRTH (month, day, and year)  | of 19-                         |
| IS A PE<br>stated E<br>properly<br>ertificate | 7. AGE Years Months  | Days                           |
| IS A<br>stated<br>proper                      | 47 2   | 17                             |
| be so be population of ce                     | Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc. |                                |
| ould<br>may<br>back                           | 9. Industry or business in which work was done, es SILK MILL.                            | siler m                        |
| INK<br>I sh<br>I it                           | - I time decapation (months and  | 11. Total ti                   |
| AGE<br>that<br>ions o                         | year)  | Occu                           |
| So ct   | 12. BIRTHPLACE (city or town) (State or country)   | · ·                            |
| UNFA<br>ipplied<br>terms,<br>instru           | E 13. NAME OF The Zee  | Cra                            |
| sur<br>sur<br>in to                           | 13. NAME  14. BIRTHPLACE (city or town)  (State or country)                              |                                |
|   | (State of Country)   |                                |
| W<br>efu<br>in<br>ant                         | 15. MAIDEN NAME  16. BIRTHPLACE (city or town)   | sun.                           |
| AINTY, WI<br>d be careful<br>DEATH in 1       | O 16. BIRTHPLACE (city or town)  (State or country)                                      |                                |
| PLAINT<br>tould be<br>OF DEAT                 | 17. INFORMANT CILLA (Address)  | 5. 41                          |
|   | 18. BURIAL, CREMATION, OR REMOVAL  | 0                              |
|   | Place of DM M. E. Cems   | 6 Oate Jan                     |
| WRIT<br>mation<br>CAUSE<br>TION i             | 19. UNDERTAKER Clarence  | Elan                           |
| B. C.   | (Address)  | my.                            |
| . 11  | 20 FILED 1413 - TOLTINA  | ev/11/1                        |

| STATE OF MARYLAND—CERTII | FICATE OF DEATH | 00289 |
|--------------------------|-----------------|-------|
| ATH O                    | - 93-a          | 116   |

| I. PLACE OF DEATH   | -0                                   | (93:0)  | 116                           |
|---|--------------------------------------|---|-------------------------------|
| County 2  | 000                                  | Registration Dis  | t. No. 4                      |
| Village or City Sold  | www                                  | No.   | St. Ward                      |
| / mago or ony   | ()                                   | f death occurred in a hospital or institution, give its NAME in   |                               |
| Length of residence in city or town where d                     | eath occurredyrsmos                  | sds. How long In U.S. if of foreign birth?  | yrsds.                        |
| 2. FULL NAME  | low Z. VI                            | rade  |                               |
| (a) Pasidanas No  |                                      | St., Ward.  |                               |
| (a) Residence: No.  | (Usual place of abode)               |   | e city or town and State      |
| PERSONAL AND STATISTI   | CAL PARTICULARS                      | MEDICAL CERTIFICATE O   | F DEATH                       |
| 3. SEX 4. COLOR OR RACE   | 5. SINGLE, MARRIED, WIDOWED,         | 21. DATE OF DEATH   | 2 /                           |
| male White  | OR DIVORCED (write the word)         | face  | 193                           |
| Treate Trimes   | manie                                | (Month)   | (Day) (Year)                  |
| 5a. If married, widowed, or divorced HUSBAND of                 | -01 10:                              | 22. A LHERBBY CERTIFY   | That I attended deceased from |
| (or) WIFE of Church   | , rage                               | dell os   | m/3 1930                      |
| /0  | pt 19-1888                           | I last saw h M alive on M/3   | . 19 3 6 death is said        |
| 7. AGE Years Months   | Days If LESS then                    | - 21  |                               |
| // S  | / 7 l day,hrs.                       | to have occurred on the dite stated above, at 11.90.1 The PRINCIPAL CAUSE OF DEATH and related ceuses o | -C.M.                         |
| 4/  | ormin.                               | were as follows:  | Data of onset                 |
| Trade, profession, or particular kind of work done, as SPINNER, |                                      |   |                               |
| SAWYER, BOOKKEEPER, etc.  |                                      | Dr. Jaka  | 1 7                           |
| 9. Industry or business in which work was done, es SILK MILL,   | ila Mika                             | eny tavara ween   | mpensun                       |
| SAW MILL, BANK, etc   |                                      | - //  | 11 ///124                     |
|   | 11. Total time (years) spent in this | U   | 13                            |
| year)   | occupation                           | Other Coutributory Causes of importance:  | 1.0                           |
| 12. BIRTHPLACE (city or town)                                   | rava                                 | 100 7 0 1   | 1A                            |
| (State or country)  |                                      | 100 lelle muchan  | Ollas 1/25/                   |
| 13. NAME OF THE ZEE   | Crade                                |   | 13                            |
| 13. NAME (14. BIRTHPLACE (city or town)                         |                                      |   | A                             |
| 14. BIRTHPLACE (city or town)                                   | mana                                 |   | Dete of                       |
|   |                                      | What test confirmed diegnosis?  | Was there en autopsy?         |
| T 15. MAIDEN NAME   |                                      | 23. If death was due to external ceuses (VIOLENCE) fill in  | also the following:           |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)                  |                                      | Accident, suicide, or homicide? Det   | a of injury, 19               |
| ≥ (State or country)  | - A- A                               | Where did injury occur?   | vn, county and State)         |
| 17. INFORMANT CIVILLA   | E. Trade                             | Specify whether injury occurred in INDUSTRY, In HOME,   | or in PUBLIC PLACE.           |
| (Address) Baldu   | ris Next                             |   |                               |
| 18. BURIAL, CREMATION, OR REMOVAL                               | 0 . / 5/                             | Manner of injury  |                               |
| Place of the M. E. Cours.                                       | 0ate Jan 6 ,1936                     | Nature of Injury  |                               |
| Clausia.  | EVOSTILLE                            |   |                               |
| 19. UNDERTAKER  | 24                                   | 24. Was disease or in ury In any way related to occupation  | A OI deceesed!                |
| (Address)   | Tonal -                              | If so, specify  | mmille                        |
| 20. FILED / 43 - 19/1001  | er/M/tomme                           | (Signed) - 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1  | J. J. J. LUVY M. D            |
| ///   | Registrar.                           | (Address)   | Min                           |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 11.0          | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis FFR   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

m

| STATE OF MARYLAND   | CERTIFICATE OF DEATH  |
|---|---|
| 1. PLACE OF DEATH   | 9340  |
| County Baltimore  | Registration Dist. No.  |
| Village or City_Middle_River (If Length of residence In city or town where death occurred_40_yrsmos.  | No. Poplar Road St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME David J. Weaver  | If U.S. Veteran specify WAR   |
| (a) Residence: No. Poplar Road (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married   | 21. DATE OF DEATH  January 4th (Dey) (Year)  (Month) (Dey) (Year)   |
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C. Weaver  | 1 HEREBY CERTIEY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) Sept. 2, 1852   | I last saw ham alive on Jun 4 , 1936; death is said   |
| 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.   | to have occurred on the date stated above, at 3 2 35 Aa. M .  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Section Boss SAWYER, BDOKKEEPER, etc Section Boss SILK Mill., SAW Mill., BANK, etc Railroad 11. Total time (years) this occupation (month end year) - Sept. 13, 1918 | Cerebral Ceptiplessy Deigs  |
| 12. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.   | When Contributary Causes of Importance:  When the Children ?  |
| 置 13. NAME Unknown  |   |
| 14. BIRTHPLACE (city or town) (Stete or country)  13. NAME Unknown  | Name of operation Date of What test confirmed diagnosis?  |
| 置 15. MAIDEN NAME Unknown   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| 15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town)  (State or country) Unknown  | Accident, sulcide, or homicide? Date of Injury, 19  Where did injury occur?(Specify city or town, county and State)   |
| 17. INFORMANT Mrs. David J. Weaver (Address) Middle River, Md.  | Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL Place Camp Chapel Date Jan. 7, 1936   | Manner of injury  |
| 19. UNDERTAKER Frederik Lassahu volau (Addiess) 7401 Belair Road  | 24. Was disease or injury in any way related to occupation of deceased.  If so, specify   |
| 20 FILED Jan. 4 1936 J. St. Cornely   | (Signed) // // (Signed) // (Signed)   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) \_\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy.  | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance. EI                                    | AL STEEL      | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| CDUITY Village or City Village | STATE OF MARYLAND—  | CERTIFICATE OF DEATH  |
|--|---|---|
| Village or City Comment of the soldence in city of bown where death occurred 35.715. most length of residence in city of bown where death occurred 35.715. most style of the soldence in city of bown where death occurred 35.715. most style of the soldence in city of bown where death occurred 35.715. most style of the soldence in city of bown where death occurred 35.715. most style of the soldence in city of bown where death occurred 35.715. most style of the soldence in city of bown and State Comments of the soldence in city of bown and State Comments of the soldence in city of bown and State Comments of the soldence in city of bown and State Comments of the soldence in city of bown and State Comments of the soldence in city of bown and State Comments of the soldence in city of bown and State Comments of the soldence in city of bown and State Comments of the soldence in city of bown and State Comments of the soldence in city of bown and State Comments of the soldence in city of bown and State Comments of the soldence in city of bown and State Comments of the soldence in city of bown and state comments of the soldence in city of bown and state comments of the soldence in city of bown and state comments of the soldence in city of bown and state and state comments of the soldence in city of bown and state and state comments of the soldence in city of the so | 1. PLACE OF DEATH   | (93-0)  |
| Length of residence in city of town where death occurred 3C, yrs. most the control of the contro | County Tallo  | Registration Dist. No. 30   |
| 2. FULL NAME  (a) Residence: No. Odurus of Managery St., Ward.  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE  S. SINGLE, MARKIED, WIDOWCD  OR. DIMORCE (wire by word)  Sa. It married, widowed, or divorced (or) wife of (or) | (H  | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| (a) Residence: No. Columnts and Mark (Unutiplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DYNRED (earlier the word)  5. Il married, widowed, or divorced log by the color of the date stated whore, at the color of the | Length of residence in city or town where death occurredmos   | s. How long in U.S. If of foreign birth?yrsmosds.   |
| PERSONAL AND STATISTICAL PARTIEULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARNIED, WIDOWED, OR DIVORCED (write lips word)  7. AGE  8. Trade, profession, or particular kind of work done, as SFINNER, SAVER, BDOKKEFER, etc.  9. Industry or business in which was done, as SFINNER, Sort, Sindustry or business in which work was compation month hard year)  10. Date deceased last worked at the work was compatible to the story of the story | 2. FULL NAME Talter Elizer  | Wells   |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  MEDICAL CERTIFICATE OF DEATH  2.0 193 (Month) (Day)  5s. If married, widowed, or divorced droy wife of or wife by word)  5s. If married, widowed, or divorced droy wife of or wife or wife of or wife or wife of or wife or | (a) Residence: No. 6 dunuly on Must Laure   |   |
| 3. SEX  3. SEX  4. COLOR OR RACE OR DIVORCED ("arrier law word) OR DIVORCED ("arrier law word) OR DIVORCED ("arrier law word) Sa. If married, widowed, or divorced HUSBAND HUSBAND HUSBAND HUSBAND HUSBAND SANTH (month, day, and year) HUSBAND AGE  5. SINCLE, MARRIED, WIDOWED, OR DIVORCED ("arrier law word)  6. DATE OF BIRTH (month, day, and year) HUSBAND AGE  7. ACE  7. ACE  7. ACE  7. ACE  7. ACE  7. ACE  8. Trade, profession, or particular kind of work done as SPINNER, SANTHER, BODKNEEPR, etc.  9. Industry or business in which was done as SPINNER, SANTHER, BODKNEEPR, etc.  9. Industry or business in which was done as SPINNER, SANTHER, BODKNEEPR, etc.  9. Industry or business in which was done as SPINNER, SANTHER, BODKNEEPR, etc.  9. Industry or business in which was done as SPINNER, SANTHER, BODKNEEPR, etc.  9. Industry or business in which was done to country)  11. Total time (years) Santher (City or town) (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURNAL, GERMATION, OR REMOVAD Place ACCURATION,  |   |   |
| MALLY WILLY OR DIVORCED ("write the word)  5a. If married, widowed, or divorced HUSBANA ("North)  5b. If a growing the state of the sta |   |   |
| HUSBAND of (or) WIFE of  5. DATE OF BIRTH (month, day, and year) Muy 4 - 8 7 8  5. DATE OF BIRTH (month, day, and year) Muy 4 - 8 7 8  5. DATE OF BIRTH (month, day, and year) Muy 4 - 8 7 8  7. AGE Years Motified Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular RAW (and the profession) or min.  8. Trade, profession, or particular RAW (and the profession) or min.  9. Industry or business in which say while the profession of the date stated bove, at. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | on partingen ( 's the seal)   | Jan 20 193 6  |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  I last saw live on 19.36 death is st to have occurred on the date stated above, at   | HUSBAND of  | 22 I HEDERY CERTIEV That I attended deceased from   |
| S. DATE OF BIRTH (month, day, and year)  AGE  Years  Motils  Days  If LESS than to have occurred on the date stated bove, at. Whit   | (or) WIFE of  |   |
| TAGE  Years  MOUNS  Days  If LESS than I day   | 6. DATE OF BIRTH (month, day, and year) July 4-1878   | 1 21  |
| 8. Trade, profession, or particular skind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Saw III. Total time (years)  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or duntry)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAD  Place Country  19. UNDERTAKER  (Address)  19. Was disease or linjury in eny way releted to occupation of deceased?  19. UNDERTAKER  (Address)  19. Was disease or linjury in eny way releted to occupation of deceased?  19. UNDERTAKER  (Address)   | 7. AGE Years Month's Days If LESS than  | to have occurred on the date stated bove, at m.   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, BANK, or both work was done, as SILK MILL, BANK, or business in which work was done, as SILK MILL, BANK, or business in which work was done, as SILK MILL, BANK, or business in which work was done, as SILK MILL, BANK, or business in which work was done, as SILK MILL, BANK, or business in which work was done, as SILK MILL, BANK, or business in which work was done, as SILK MILL, BANK, or in PUBLIC PLACE.  10. Date deceased last worked at this occupation (month and gas and the second of the contributory Cantro of importance:  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAC  Place Contributory  19. UNDERTAKER  (Address)  |   | ware as fallows:  |
| Dither Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAD  Place  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Dither Contributory Causes of importance:  10. Dither Contributory Causes of importance:  10. Date of importance:  11. Dither Contributory Causes of importance:  12. BIRTHPLACE (city or town)  What test confirmed diagnosis?  14. BIRTHPLACE (city or town)  What test confirmed diagnosis?  15. Maiden was due to external causes (VIOLENCE) fill in elso the following:  16. Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAD  Place  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. The Contributory Cause of importance:  What test confirmed diagnosis?  What test confirmed diagnosis?  Place  What test confirmed diagnosis?  Place  Was there an aulopsy?  Accident, suicide, or homicide?  Specify whether injury occurr?  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Name of operation  What test confirmed diagnosis?  Was there an aulopsy?  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Name of operation  What test confirmed diagnosis?  Was diagnosis?  Place  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAD  Place  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)   | 8. Trade, profession, or particular   |   |
| Description occupation of deceased?  12. BIRTHPLACE (city or town)  | SAWYER, BDDKKEEPER, etc.  | acute my reardition Und   |
| Dither Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAD  Place  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Dither Contributory Causes of importance:  10. Dither Contributory Causes of importance:  10. Date of importance:  11. Dither Contributory Causes of importance:  12. BIRTHPLACE (city or town)  What test confirmed diagnosis?  14. BIRTHPLACE (city or town)  What test confirmed diagnosis?  15. Maiden was due to external causes (VIOLENCE) fill in elso the following:  16. Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAD  Place  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. The Contributory Cause of importance:  What test confirmed diagnosis?  What test confirmed diagnosis?  Place  What test confirmed diagnosis?  Place  Was there an aulopsy?  Accident, suicide, or homicide?  Specify whether injury occurr?  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Name of operation  What test confirmed diagnosis?  Was there an aulopsy?  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Name of operation  What test confirmed diagnosis?  Was diagnosis?  Place  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAD  Place  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)   | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  | coult Boncheter und   |
| 12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAD  Place Description  Place Description  Date of  What test confirmed diagnosis? Place Country  Was there an autopsy? And  Accident, suicide, or homicide?  Date of Injury  Where did injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Address)  Menner of Injury  Name of operation  Was there an autopsy? And  Where did injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Name of operation  What test confirmed diagnosis? Place Country  What test confirmed diagnosis? Place Country  Was there an autopsy? And  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Name of operation  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Name of operation  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Name of operation  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Name of operation  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Name of operation  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Name of operation  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Name of operation  Name of  | This becapation (month and 19 7) Spentin this 11, 117   |   |
| 13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAD   18. BURIAL, CREMATION, OR REMOVAD   19. UNDERTAKER (Address)   19. UNDERTAKER (Address)   19. UNDERTAKER (Address)   19. UNDERTAKER (Address)   16. Opening the state of t   | 12 PIDTURE ACT (STATE AND POLICE | Dther Contributory Causes of importance:  |
| What test confirmed diagnosis? Was there an aulopsy? Was there an  |   | OK Hogh I Jown  |
| What test confirmed diagnosis? Was there an aulopsy? Note that the state of the following:  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAD Place Could Address  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Was there an aulopsy? Note that all one of lingury occurred in lingury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Menner of Injury Nature of injury  19. UNDERTAKER (Address)  16. BIRTHPLACE (city or town) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Menner of Injury Nature of injury  19. UNDERTAKER (Address)  16. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAD Place Could Address  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)   | I 13. NAME Francish Wells.  | Corone  |
| What test confirmed diagnosis? Was there an aulopsy? Note that the state of the following:  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAD Place Could Address  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Was there an aulopsy? Note that all one of lingury occurred in lingury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Menner of Injury Nature of injury  19. UNDERTAKER (Address)  16. BIRTHPLACE (city or town) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Menner of Injury Nature of injury  19. UNDERTAKER (Address)  16. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAD Place Could Address  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)   | 14. BIRTHPLACE (city or town) Proceeding 10 M   | Name of operation Date of   |
| (Specify city or town, county and State)  17. INFORMANT Selection of Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Address) Menner of Injury  Nature of injury  19. UNDERTAKER Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  You whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Nature of Injury  19. UNDERTAKER Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  You whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  You whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  You whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  You whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  You whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  You was also a second of the public PLACE.  You was disease or Injury in eny way releted to occupation of deceased?  You was disease or Injury in eny way releted to occupation of deceased?  You was disease or Injury in eny way releted to occupation of deceased?  You was disease or Injury in eny way releted to occupation of deceased?  | (State or country)  | What test confirmed diagnosis? Planes Was there an autopsy?   |
| (Specify city or town, county and State)  17. INFORMANT Selection of Inputy occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Address) (Address | 15. MAIDEN NAME rymin Ruth  | 23. If death was due to external causes (VIOLENCE) fill in elso the following:                      |
| (Specify city or town, county and State)  17. INFORMANT Selection of Inputy occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Address) (Address | 16. BIRTHPLACE (city or town) Selts y   | Accident, suicide, or homicide?, 19, 19, 19   |
| 17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAD  Place Could Date 22, 1936  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)   | (State or country)  | Where did injury occur?   |
| 18. BURIAL, CREMATION, OR REMOVAD  Place Coulombia Date 22, 1936  Menner of Injury  Nature of injury  19. UNDERTAKER  (Address)  Menner of Injury  Nature of Injury  19. Was disease or Injury in eny way releted to occupation of deceased?  If so, specify   |   | Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.                           |
| 19. UNDERTAKER  (Address)  24. Was disease or Injury in eny way releted to occupation of deceased?  If so, specify   | 18. BURIAL, CREMATION, OR REMOVAD   | Menner of Injury  |
| (Address)  If so, specify  | Place Louis Hall Date and 1,1936  | Nature of injury  |
| A A C I I I I I I I I I I I I I I I I I  |   |   |
| Registrat. (Address) Calcondull Mid  | 20, FILED Jan 21, 1936 Marshall B Wish  | (Signed) marsall B yest , M.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factori," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               | 1  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| VIII LEC CONTENT | Co de fair Cold |
|------------------|-----------------|

|   | STATE O   | FMARY                                       | LAND-                             | CERTIFICATE OF DEATH  | 292            |
|---|---|---|-----------------------------------|---|----------------|
| 1. PLACE OF D   | EATH  | 1   |                                   | (131)   |                |
| County 15   | altimore  | <u>ــــــــــــــــــــــــــــــــــــ</u> |                                   | Registration Dist. No. 4  |                |
| Village or City   | Dunda   | lk  | //                                | No. Holaberd are st.,   | Ward           |
| Length of residence   | in city or town where d                           | eath occurred 52                            | yrsmos                            | death occurred in a hospital or institution, give its NAME instead of street and nu   | mber)          |
| 2. FULL NAME  | Lena  | Wes   | na                                | If U. S. Veteran, specify WAR   |                |
| (a) Residence: N  | 0.6825  | Holas                                       | isd an                            | C St., Ward.  |                |
|   |   | (Usual place o                              | f abode)                          | If nonresident give city or town and S  | lale           |
| 1   | AND STATISTI                                      |   |                                   | MEDICAL CERTIFICATE OF DEATH  |                |
| Male  | White   | 5. SINGLE, MARR<br>OR DIVORCED              | write the word)                   | 21. DATE OF DEATH  (Month) (Day)  | 1936<br>(Year) |
| 5a. If married, widowed, or HUSBAND of (or) WIFE of                                   | leur ge   | Warning                                     | 7                                 | 22. I HEREBY CERTIFY, That I attended de Sept. 29 1932 to Jan, 16.  | ceased from    |
| 6. DATE OF BIRTH (month   | , day, and year) a                                | Iril 2,                                     | 1/871                             | 0- 110 31   | death is said  |
| 7. AGE Years  | Months  | Days  | If LESS than                      | to have occurred on the date stated above, at 2 90 00000  |                |
| 64  | 8   | 26  | 1 day,hrs.                        | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  | Date of onset  |
| 8. Trade, profession, kind of work d  | or particular<br>one, as SPINNER,<br>KEEPER, etc. | visen                                       | orh                               | Chronic interstitus Mephritis   | 1932           |
| kind of work d<br>SAWYER, BOOM<br>Industry or busine<br>work was done<br>SAW MILL, BA | as SILK MILL.                                     | hand  |                                   |   |                |
| 10. Date deceased last this occupation year)  | (month and  | 11. Total tir<br>spen<br>occur              | ne (years)<br>t in this<br>pation |   |                |
| 12. BIRTHPLACE (city or to  | wn) Bal   | Tomas                                       |                                   | Other Contributory Causes of importance:  |                |
| (State or country)  |   | m   | d                                 | Dialetes  | meno           |
| 13. NAME Mar  | tin Ho  | embes                                       | 9                                 |   |                |
| 14. BIRTHPLACE (city  |   | mary  | <i></i>                           | Name of operation   |                |
| (State or count   |   | 73  |                                   | What test confirmed diagnosis?Claracal Was there an aut   | opsy?          |
| 15. MAIDEN NAME  16. BIRTHPLACE (city   | Butha   | 1000  | e-                                | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |                |
| O 16. BIRTHPLACE (city  State or count  |   | dama  | w                                 | Accident, suicide, or homicide? Date of injury  | , 19           |
| 17. INFORMANA 12 0 (Address) 68   | Tansa Is  | Stra  | tmam                              | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC | E.             |
| 18. BURIAL, CREMATION,  |   | 1   |                                   | Manner of injury  |                |
| Place Oak   | Lawn  | Date an                                     | 19,1936                           | Nature of injury  |                |
| 19. UNDERTAKER (Address)  | In + 3  | Jenny St                                    |                                   | 24. Was disease or Injury in any way related to occupation of deceased?   | 10.            |
| 20. FILED 1/17/   | 86 /1   | Moari                                       | Registrar.                        | (Signed) (AUT) leer   | M. D.          |
| 1 1   | If more b   | blanks are needed, ac                       | dress State Registrar,            | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.  | 7              |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| And Andrew Control of the Control of |               |  |               |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 00293  |
|--|---|
| 2. PLACE OF DEATH /  |   |
| County Daltura   | Registration Dist. No. 30   |
| Village or City Calonsville  | No. 19 Junicolo acres St., Ward   |
| /I   | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? |
| 2. FULL NAME MARTE E. Holate   | yrsyrsmos,as,   |
| 100  |   |
| (a) Residence: No. 19 Securios (Usual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH   |
| Terrale white widerer  | (Month) (Day) (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of   | (Month) (Day) (Year)  |
| (or) WIFE of Muleaux B. White  | 22. 1 HEREBY CERTIFY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) Fesse 11.1854  | 7   |
| 7. AGE Years Months Days If LESS than  | I last saw h Live on June 1950 (a ; death is said to have occurred on the data stated above, at 1950 m.                             |
| 8 / 10 / 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance   |
| 8. Trade, profession, or particular  | wara as follows:  |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  | Cardio Vascular Tangel  |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and   | Missace C / Lypertinsion Dec 1934   |
| work was done, as SILK MILL,<br>SAW MILL, BANK, etc.   | 29. gups 1/4/36   |
| Spant in this  | Prelumnen Telmenal 117136   |
| 0 5  | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town) 13 allustore. (State or country)   |   |
| The state of the s |   |
| E Sugarano Meriani   | 70.04   |
| 14. BIRTHPLACE (city or town) (State or country)   | Name of operation Oate of Oate of   |
|  | What test confirmed diagnosis? [   Was there an autopsy? / Lu   |
| = 011  | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| State or country)  | Accident, suicida, or homicide?   |
| Edith 411  | (Specify city or town, county and State)  |
| 17. INFORMANT CALLY May Surrall (Address) 19 Surrall   | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMITION, OR REMOVAL  | Manner of injury  |
| Place Foliader Var R Date 2017, 10, 1936   | Nature of injury  |
| 19. UNDERTAKER John O. Milelyne Thous  | 24. Was disease or injury In any way related to occupation of deceased? 720   |
| (Address) 1900 Engage Place  | If so, specify  |
| 20. FILED 1/81 19. A Helmolina   | (Signed) alrod W. Jahuson M. D.   |
| 20. FILED 7.0 Registrar.   | (Address) 3432 midwett auch   |
| If more blanke are peeded, address State Registrar,  | 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|  | Example I                |               | Example II   |               |  |
|--|--------------------------|---------------|--|---------------|--|
| The principal cause of of importance were as | death and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis                             | 1 1 1000                 | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephr                   | itis                     | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage                          | BUREAU V. S.             | July 5, 1927  | Peritonitis  | 3 days ago    |  |
|  | house on a second        | 1             |  |               |  |
|  |                          |               |  |               |  |
| Other contributory can                       | ises of importance:      |               | Other contributory causes of importance:                                       |               |  |
| Gallstones                                   |                          | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |                          |               |  |               |  |
|  |                          |               |  |               |  |

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| Example I  |               | Example 11   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| 2661   |               |  |               |
| Other contributory causes of apportance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

Exact statement of OCCUPA.

be properly classified.

TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 00295   |
|--|--|
| County Bultinare -   | Registration Dist. No. 33  |
| Village or City West February  | No. Atlata Hall PO St. Ward  |
| (If  | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where deeth-occurredyrsmos   | ds. How long In U.S. if of foreign birth?yrsmosds.                                       |
| 2. FULL NAME / OTHE B. It illes  | W. Porros  |
| (a) Residence: No. Malsur  | St., Ward.   |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS  | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH                 |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH  |
| OR DIVORCED (write the word)   | 9 193 6  |
| 5a. If married, widowed, or divorced   | (Month) (Day) (Year)   |
| HUSBAND of (or) WIFF of  | 22. I HEREBY CERTIFY, Thet I attended deceased from                                      |
| farass Williams:   | , 19, 19, 19, 19   |
| 6. DATE OF BIRTH (month, day, and year) Musel. 26-1870   | I last saw h, 19; death is said  |
| 7. AGE Years Months Days If LESS than 1 dayhrs.  | to have occurred on the date stated above, etm.  |
| 63 7 /3 ormin.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:           |
| 8. Trade, profession, or particular kind of work done, as SPINNER,   | Master fashering   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end |  |
| work was done, as SILK MILL, SAW MILL, BANK, etc.  | To osoning Plesandonin   |
| 10. Date deceased last worked at this occupation (month end  |  |
| this occupation (month end 18136 spent in this 4-7   |  |
| 12. BIRTHPLACE (city or town) Cabland  | Other Contributory Causes of importance:   |
| (State or country) Balty Co Unol   |  |
| 13. NAME Reydolf young   |  |
| 14. BIRTHPLACE (city or town) Chandelle forther  | Name of operation Date of  |
| (Stelle of country)  | What test confirmed diagnosis? Was there an autopsy?                                     |
| 16. BIRTHPLACE (city or town) Amidsly Later  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:          |
| [ 16. BIRTHPLACE (city or town) Assistable form  | Accident, suicide, or homicide? Date of Injury, 19                                       |
| (State or country) Bellin Ce Gud   | Where did injury occur? (Specify city or town, county and State)                         |
| 17. INFORMANT AMS A & Stranburger (Address)  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of Injury   |
| Place Middle town Date for 1,1925  | Neture of injury   |
| 19. UNDERTAKER A fortessation (Address)  | 24. Was disease or injury In any way related to occupation of deceased?                  |
| 20. FILED Jan 10: 1936 Colester & Feellow  | (Signed) 1: Walter allen Congetto.   |
| Registrar.   | (Address) to they will half  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis : C C C C 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago MIDPAIL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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| 1. PLACE OF DEATH   | (92)   |
|---|--|
| County Baltineare   | Registration Dist. No. 30  |
| Village or City Catous will Mile. Afring Length of residence In city or town where deeth occurred   | It death occurred in a hospital or institution, give its NAME instead of street and number)  os. 8 ds. How long in U.S. if of foreign birth? yrs. mos. d |
| 11 11 2-11  | acc If U. S. Veteran, specify WAR  |
| (a) Residence: No. 4206 auntana, ane (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SHOOLE, MARRIED, WIDOWED, OR DIVORCED (which word)   | 21. DATE OF DEATH  January 22 1936   |
| 5a. If married, widowed, edirmond. HUSBAND of Catharine Schlund   | 1 HEREBY CERTIFY, That I attended decessed fro   |
| 6. DATE OF BIRTH (month, day, end yeer) 2007. 11- 1870  7. AGE Years Months Deys If LESS than 1 dey,hrs   | I lest saw he will elive on the date stated above, et  |
| Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dete deceased last worked et this occupation (month and year) occupation 40 occupation 40 | Cerebral Hemarrhage Date of one  |
| 12. BIRTHPLACE (city or town) Baltuiner Marylan (Stete or country)  | Dites Contributory Causes of Importance;  Larebral Dementia 1931  Carebral Arterio-Acterasia   |
| 13. NAME Michael Printcelmane  14. BIRTHPLACE (city or town)  | Chronic myocarditis-   |
| 14. BIRTHPLACE (city or town)   | Name of operation Tyone Date of  |
|   | What test confirmed diegnosis tymp towns Signa Wes there an autopsy? Mc  |
| 15. MAIDEN NAME Minuie Mayers  16. BIRTHPLACE (city or town) - Maryland.  | 23. If death was due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Dete of Injury                           |
| 17. INFORMANT Neury B. Winkelman<br>(Address) 4206 auntana are  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  **RONG**                             |
| 18. BURIAL, CREMATION, DR REMOVAL Place See See Search Date 125, 1936   | Manner of Injury   |
| 19. UNDERTAKER OOK COOK Land Cook Cook Cook Cook Cook Cook Cook Coo   | 24. Wes disease or injury in any way related to occupation of deceased? No.  |
| 20. FILED 127, 1936 All Registrar.  | (Signed) Mas It: Prelliner. M.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Data of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1916          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 127   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| *  | 00            |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  | -             |  |               |
|  |               |  |               |

state

# STATE OF MARYLAND-CERTIFICATE OF DEATH

00297

|   | dence in city or town where dea                             | th occurred O yrs O mos   | No. Md. Tubercules is Sanatest, f death occurred in a horpital or institution, give its NAME instead of street as 10 ds. How long in U.S. if of foreign birth?   | ind number) 💆  |
|---|---|---|--|----------------|
|   | ME Mary A.<br>ce: No. 729 S. B                              |   | St, Ward. Baltimore, Md.  If nonresident give city or town   | and State      |
| PERSON  | AL AND STATISTIC  | AL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   | 4              |
| 3. SEX<br>Female                                    | 4. COLOR OR RACE SWhite                                     | S. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br>Widowed | 21. DATE OF DEATH January 12th. (Month) (Day)  | , 193 <u>6</u> |
| 5a. If married, widow<br>HUSBAND of<br>(or) WIFE of | Oscar Win   |   | 22. I HEREBY CERTIFY, Thet latten January 2nd., 1936, to January 1 Hast saw h.ar. alive on January 12th., 192  | L2th 1936.     |
| 7. AGE Yea  | 10  | Days If LESS than 1 day,hrs. ormin.                                     | to have occurred on the date stated above, at 6 30Pm.  | Date of onse   |
| 9. Industry or work wes SAW MIL                     | ssion, or particular york done, as SPINNER, BDOKKEEPER, etc |   |  | July<br>1935   |
| 12. BIRTHPLACE (ci                                  |   |   | Other Contributory Causes of Importence:  None .   |                |
| 13. NAME Cha  | arles William   | ns  |  |                |
| 13. NAME Cha<br>14. BIRTHPLACE<br>(State or         | (city or town) Baltin                                       | nore,<br>land.  | Name of operation No operation Date What test confirmed diagnosis X - Pay and Was there  | an autopsy?N   |
| E   | city or town)   | imore,  | 23. If death was due to external causes (VIOLENCE) fill in also the followant of the color of th |                |
| 17. INFORMANT                                       | country) Mar<br>Louis R. Schu<br>Mt. Wilson,                |   | Where did injury occur?(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC  |                |
| 18. BURIAL, CREMAT                                  |   | · denite of   | Menner of injury   |                |
| 19. UNDERTAKER(Address)                             | Jehn C.   | Miller A  | 24. Was disease or injury in only way related to occupation of deceased.   | No.            |
| 20. FILED. Jan.                                     | U.14, 1936  | Dr. E. E. Hickory<br>Registrar.   | (Signed) form Comment Williams Wa  | keelan.        |

If more blanks are needed, address State Registrar, 2411 N. Chance Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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| Example I   |                      | Example II   |               |  |
|---|----------------------|--|---------------|--|
| The principal cause of death and related of importance were as follows: | causes Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis  | 1915                 | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis  | 1921                 | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage   | July 5, 1927         | Peritonitis .  | 3 days ago    |  |
|   |                      |  |               |  |
| Other contributory causes of importance                                 | :                    | Other contributory causes of importance:                                       |               |  |
| Gallstones  | May 1,1923           | Gastroenteritis  | 1 year        |  |
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| WRITE   | N. BEvery Item of information should be carefully supplied. ACE should be | city of organization   |

| Village or City Lean and December of the Country of | PLACE OF DEATH County Ballo  | STATE OF MARYLAND CERTIFICATE OF DEATH  |
|--|--|---|
| PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  A COLOR OR RACE  SINGLE  MARRIED  MARRIED  MARRIED  MODICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  MODICAL  MO | 0/   | Registration Dist. No. 30   |
| 3 SEX  Male  White  White  White  Whole  White  Whole  White  Whole  Who | t. W   | a hospital or institu-<br>tion, give its NAME in-<br>stead of street and  |
| Make White Month (Day) (Year)  B DATE OF BIRTH  MIGHE White Month) (Day) (Year)  Month) (Day) (Year)  Month) (Day) (Year)  Month) (Day) (Year)  Make (Month) (Month) (Day) (Year)  Make (Month) (Month) (Day) (Year)  Make (Month)  | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| TAGE  If LESS than I day hrs.  The CAUSE OF DEATH * was as follows:  T | Male White MARRIED, Warried WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  March - 25-, 1864              | (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from May - 7 - 1925. to Say - 30 -, 1936.  |
| particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 Maiden Name OF OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Addres | 7 AGE 7 AGE 1 If LESS than 1 day hrs. or min.?   | and that death occurred on the sate stated above, at 8 40 h.m.  |
| (Signed). Settles of Country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  ( | particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer) | Contributory Chronic Duyocarding  |
| (Informant)  (State or country)  Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)  (Informant)  (Informant)  (Address)  (Address)  (Address)  (State or Country)  Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Biospitals, Institutions, Transpients or Recent Residents)  At place of death (0. yrs. 6. mos. 7. ds.  Where was disease contracted, it not at place of death?  (Informant)  (Informant)  (Address)   | 10 NAME OF FATHER Michael Gamous 11 BIRTHPLACE   | (Signed) June Gentle M. D.  (Address) Catruslle W.  |
| At place (State or Country)  At place (State or Country)  At THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)   | (State or country) Sufficiency  12 MAIDEN NAME OF MOTHER  Mary Dages   | Violent Causes, state (1) Means of Injury and (2) Whother Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transcients or Recent Residents) |
| (Informant)  (Informant)  (Address)  (Addres |  | of death / O. yrs. D. mos. ds. State yrs. mos. ds.  |
| Filed Feb 1 1986 marshall Bluest 11 1 1 6 6370 1   | (Informant) Nospitalprecords   | Former or usual residence Accuse Atomsell Ces.  |
| If more b.anks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.  | Filed 315 1988 Marshall D West   | Blas B Ruchauskas 637 Pour St   |

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from eupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Sulesman.
(a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mina, etc. Wom-en at bome, who are engaged in the duties of the should be used only when needed. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every Physician, the first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neecs-For many occupations a single word or term on without more precise specification as Compositor, Architect, Fer persons who have no occupation (a) the kind of work and also (b) the n mill; (a) Salesman, (b) Grocery; Automobile factory. The material person, irrespective cf Locomotive engineer, As examples: (a)

ferer (the only definite synonym is "Epidemic eerebroed term for the same dise se. Examples: Cercbrospinal Typhoid fever (never report "Typhoid Pneumonia"); Statement of Cause of Death-Name, first, the DIS inal menin\_itis"); Dinhtheria (avoid use of "Croup"); time and causation), using always the same accept-ED CAUSING DEATH (the primary affection with respect prieumonia, Bronchopneumonia ("Pneumonia,

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rered in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is

panently filed.

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(Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "eontributory." (S) can olic acid - probably suicide. The n-ture of the injury, diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all eausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Caneer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-Whooping Meriean Medical Association.) this certificate is looked over thoroughly and a'l questions fraeture of skull, and eonsequences (e. g., scpsis, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory Measles;

S. No. 1

| 1       | ST. PLACE OF DEAT  |                        | MAR'           | YLAND—                            | CERTIFICATE OF DEATH  | 00299                    |
|---------|--|------------------------|----------------|-----------------------------------|---|--------------------------|
|         | County Baltin  |                        |                |                                   | Registration Dist. No.  | 14                       |
|         | Village or City M1   | ddle Riv               | rer            |                                   | No. Oakland Ave St., death occurred in a horpital or institution, give its NAME instead of street an                                      | Ward                     |
| /       | Langth of residence in cit   | v or town where deet   | h occurred 1   | 6 ure mos                         | death occurred in a hospital or institution, give its NAME instead of street ands. How long in U.S. If of foreign birth?yrs.              | d number)                |
| 2       | . FULL NAME E  | y or town where dead   | ii occurred    |                                   | If U.S. Veteran specify WAR.  |                          |
| 2       | (a) Residence: No.   |                        |                |                                   | St., Ward.  |                          |
| 60W     | (a) Residence. No9   |                        | (Usual place o |                                   | If nonresident give city or town a  | nd State                 |
|         | PERSONAL AN  | D STATISTIC            | AL PARTIC      | CULARS                            | MEDICAL CERTIFICATE OF DEATH  |                          |
|         | emale V  | Vhite                  |                | RIED, WIDOWED, (write the word)   | 21. DATE OF DEATH January 14th (Month) (Day)  | , 193 <u>6</u><br>(Year) |
| ba.     | If married, widowed, or divor<br>HUSBANO of<br>(or) WIFE of  | orge W.                | York           |                                   | 22. HEREBY CERTIFY That I attended  | ed deceased from         |
| 6. [    | OATE OF BIRTH (month, day  | and year) Jul          | Ly 5, 1        | .847                              | i last saw ( ) alive on Jan ( 46 , 19 3   | €_; death is said        |
| 7. A    | AGE Years<br>88  | Months 6               | 0ays<br>9      | If LESS than 1 day,hrs. ormin.    | to have occurred on the date states above, at _5.15.n. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset            |
| ATION   | 8. Trade, profession, or pa<br>kind of work done, a<br>SAWYER, BOOKKEEI<br>9. Industry or business in    | which                  | t Home         |                                   |   |                          |
| OCCUPAT | work was done, as S<br>SAW MILL, BANK, e<br>1D. Oate deceased last worl<br>this occupation (mon<br>year) | tc<br>ked at<br>th and | 11. Total tip  | me (years)<br>t in this<br>pation | Caronie Myseuratity   | 1932                     |
| 12.     | BIRTHPLACE (city or town) (State or country)   | Bengie                 |                |                                   | Other Coutributory Causes of importance   |                          |
| HER     | 13. NAME   | Carba                  |                |                                   |   |                          |
| FAT     | 14. BIRTHPLACE (city or ton<br>(State or country)  | Unkno                  |                |                                   | Name of operation Date of What test confirmed diagnosis? Chunch fully sthere a  | n autopsy 200.           |
| HER     | 15. MAIDEN NAME  |                        | Port           | er                                | 23. If death was due to external causes (VIOL ENCE) fill in also the follow   | ring:                    |
| MOT     | 16. BIRTHPLACE (city or too<br>(State or country)  | Unkno Unkno            | own            |                                   | Accident, suicide, or homicide? Date of injury  Where did injury occur?   |                          |
|         | (Address) Mid  | dle River              | r, Md.         |                                   | (Specify city or town, county and S<br>Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC                                 | PLACE.                   |
| 18.     | BURIAL, CREMATION, OR R  |                        | Date Jan       | , 16 ,19 36                       | Manner of injury  |                          |
| 19.     | UNDERTAKER Tred  | uif Landi              | Road           | faul                              | 24. Was disease or injury in any way related to occupation of deceased?  If so, specify   | no                       |
| 20.     | FILED FILE 14, 1   | 936                    | . lea          | Registrar,                        | (Signed) (Address) 6 salx   | ma.                      |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BUREAU V. S.   | 3             |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  | الـــــا      |  |               |

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

item of infor-

D. Every

|  | ST   | ATE OF            | F MAR        | YLAND-           | CERTIFICATE OF DEATH  | 0300            |  |
|--|--|-------------------|--------------|------------------|---|-----------------|--|
| 1. PLAC  | E OF DEAT  | Н                 |              |                  |   |                 |  |
| Count  | Baltin   | - 080             |              |                  | Registration Dist. No.  |                 |  |
| 1 - 1  | QL-  |                   | . 12         |                  | Registration Dist. No.  |                 |  |
| Village  | e or City Luce   | mers              | Var          | (If              | death occurred in a hospital or institution, give its NAME instead of street and nu | mber)           |  |
| Length   | of residence in city   | or town where dea | th occurred  | yrsmos.          |   |                 |  |
| 2. FULL  | NAME K   | thorin            | 0 83         | Benze            | If U.S. Veteran specify WAR:  |                 |  |
|  | 1  | Mil -             | Part         | 1                |   |                 |  |
| (a) R  | esidence: No   | rogenin           | (Usual place | of abode)        | St., Ward.  If nonresident give city or town and S                                  | itate           |  |
| PER  | SONAL AND  | STATISTIC         | AL PARTI     | CULARS           | MEDICAL CERTIFICATE OF DEATH  |                 |  |
| 3. SEX   | 4. COLOR   | OR RACE 5         |              | RIED, WIOOWED,   | 21. DATE OF DEATH   |                 |  |
| Transak  | 2 Miles  | fo                | OR DIVORCE   | (write the word) | (Month) (Day)   | 193             |  |
| 5a. If married   | widowed, or divorc   | ed                | YIZOM        |                  | (Month) (Day)   | (Year)          |  |
| HUSBAND of Corp WIFE of A Corp and Corp WIFE of A Corp and Corp an |  |                   |              |                  | 22.   I HEREBY CERTIFY, Thet I ettended deceased from                               |                 |  |
|  | 1 few  | y fer             | rge          | /                | 19.34, to 11  | 19.76           |  |
| 6. DATE OF E   | IRTH (month, day,  | and years 109     | 153          | 1869             | I last saw h a alive on 100;  | death is seld   |  |
| 7. AGE   | Years  | Months            | Days         | If LESS than     | to have occurred on the dete steted above, atm.                                     |                 |  |
|  | 76   | //                | 0            | 1 day,hrs.       | The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:      | Oate of onset   |  |
| Z 8. Trade   | 8. Trade, profession, or particular kind of work done, as SPINNER, |                   |              |                  | 7.  |                 |  |
| E 37   | THE LIN, DOURNELL  | LIV, 616          | 150          | me               | Malvelor Hear Clisean   | m <sub>10</sub> |  |
| 9. Indus   | try or business in v<br>ork was done, as SI<br>AW MILL, BANK, etc  | which<br>LK MILL, |              |                  |   |                 |  |
| S/   | AW MILL, BANK, etc<br>deceased last work                           |                   | 11. Total ti | ma (vaste)       |   |                 |  |
|  | is occupation (mont  | h end             | sp2r         | it in this       |   |                 |  |
| 1 70   | (1)  | 12001             | 011          | - pation         | Other Contributory Causes of importance:  |                 |  |
| 12. BIRTHPLACE (city or town) Olffeld (State or country)   |  |                   |              |                  | 6/  |                 |  |
|  |  |                   |              |                  | of the Molecusin  |                 |  |
| 13. NAME<br>14. BIRTH  | /Eler  | doff              | asy          |                  |   |                 |  |
| 4 14. BIRTH  | IPLACE (city or tow  | n) d ///2         | sknow        | m                | Name of operation Oate of   |                 |  |
| (State of Country)   |  |                   |              |                  | What test confirmed diegnosis? Wes there en au                                      | topsy?          |  |
| 15. MAID<br>16. BIRTH  | EN NAME  | Knoy              | M            |                  | 23. If death wes due to external causes (VIOLENCE) fill in elso the following:      |                 |  |
| 0 16. BIRTH  | IPLACE (city or tow  | n Units           | now          |                  | Accident, suicide, or homlcide?   |                 |  |
| ≥ (8   | Stete or country)  | Vingn             | now          |                  | Where did Injury occur? (Specify city or town, county and State)                    |                 |  |
| 17. INFORMAT   | T Mrs  | -1. Ono           | hr           |                  | Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE            |                 |  |
| (Addr  | - 17 - 1 - 1   | mero              | Stron        | rend,            |   |                 |  |
|  | REMATION, OR RE  | Move              | to he        | - 17. 26         | Manner of injury  |                 |  |
| Place  | a jour   |                   | Story /      | 7.1.1.19.77.9    | Nature of injury  |                 |  |
| 19. UNOERTA  | Estredes   | cck L             | safor        | so fores         | 24. Was disease or injury in any way related to occupation of deceased?             |                 |  |
| (Addr  |  | Belay             | er to        | rad,             | If so, specify  |                 |  |
| 20. FILEO  | 1/14 ,19   | 36 5              | ant.         | into m. D        | (Signed)  | M. D.           |  |

Registrar.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| PUBEAU V. S  |               |  |               |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |